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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."

ROBIN CARNAHAN

SECRETARY OF STATE

MISSOURI REGISTER

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at http://www.sos.mo.gov/adrules/pubsched.asp

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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	***Code of State Regulations***	**Division**	**Chapter**	**Rule**
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 32—Child Care

EMERGENCY AMENDMENT

13 CSR 40-32.010 Basis of Payment. The department is amending Appendix A. This amendment replaces the previously filed Appendix A which is referred to in section (3), which is found on page 5 of 13 CSR 40-32 as published in the *Code of State Regulations*.

PURPOSE: This amendment replaces the Appendix A which is the "Child Care Sliding Fee Scale Chart" with a new Appendix A which has been revised to reflect the change in the eligibility levels to reflect the expansion of access to subsidized child care.

*EMERGENCY STATEMENT: This emergency amendment is necessary to preserve a compelling governmental interest in ensuring as many Missouri citizens as possible are provided reasonable access to affordable child care services and are informed of the standards applicable to an application for subsidized child care services. Through fraud detection and fraud prevention efforts during the 2007 fiscal year, the department has identified additional funds that can now be used to expand eligibility levels for subsidized child care. It is essential that the child care sliding fee scale chart, Appendix A, be amended effective April 1, 2007, in order to maximize utilization of the additional funds now in the FY 2007 appropriations for providing subsidized child care services to more families. Without an emergency amendment to the sliding fee scale chart the expanded eligibility for child care services will not be clear to applicants and the additional funding now available to support the expansion prior to fiscal year end, June 30, 2007, will not be accessed by eligible families for their child care needs. Expansion of the eligibility levels renders the information set forth in Appendix A of the rule obsolete and inaccurate. The scope of this emergency amendment is limited to the conditions creating the emergency and complies with the protections extended in **Missouri** and **United States Constitutions**. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed March 22, 2007, effective April 1, 2007, expires September 27, 2007.*

(3) Child care recipients eligible under subsections (1)(A)–(D), (F) and (G) may pay a fee based on gross income and family unit size based on a child care sliding fee scale established by the division. (Appendix A **included herein**). The sliding scale fee may be waived for children with special needs as established by the division. The maximum payment by the division shall be the applicable rate minus the applicable fee.

										SLIDING FEE CHART		
										DAILY COST PER		
				NUMBER OF PERSONS PER CHILD CARE FAMILY						CHILD IN CARE		
1	2	3	4	5	6	7	8	9	10	FULL DAY	HALF DAY	PART DAY
0-417	0-545	0-674	0-802	0-930	0-1058	0-1082	0-1106	0-1130	0-1154	$1.00 Per Year*		
418-500	546-654	675-808	803-962	931-1116	1059-1270	1083-1299	1107-1328	1131-1356	1155-1385	$0.50	$0.35	$0.25
501-583	655-763	809-943	963-1122	1117-1302	1271-1482	1300-1515	1329-1549	1357-1582	1386-1616	$0.75	$0.50	$0.35
584-667	764-872	944-1078	1123-1283	1303-1488	1483-1693	1516-1732	1550-1770	1583-1808	1617-1847	$1.00	$0.65	$0.45
668-750	873-981	1079-1212	1284-1443	1489-1674	1694-1905	1733-1948	1771-1991	1809-2034	1848-2078	$2.00	$1.30	$0.90
751-834	982-1090	1213-1347	1444-1604	1675-1860	1906-2117	1949-2165	1992-2213	2035-2261	2079-2309	$3.00	$1.95	$1.35
835-917	1091-1199	1348-1482	1605-1764	1861-2046	2118-2328	2166-2381	2214-2434	2262-2487	2310-2539	$4.00	$2.60	$1.80
918-1127	1200-1473	1483-1821	1765-2168	2047-2514	2329-2860	2382-2925	2435-2991	2488-3056	2540-3119	$5.00	$3.25	$2.25
11	12	13	14	15	16	17	18	19	20	FULL DAY	HALF DAY	PART DAY
0-1179	0-1203	0-1227	0-1251	0-1275	0-1299	0-1323	0-1347	0-1371	0-1395	$1.00 Per Year*		
1180-1414	1204-1443	1228-1472	1252-1501	1276-1529	1300-1559	1324-1587	1348-1616	1372-1645	1396-1674	$0.50	$0.35	$0.25
1415-1650	1444-1684	1473-1717	1502-1751	1530-1784	1560-1818	1588-1852	1617-1885	1646-1919	1675-1953	$0.75	$0.50	$0.35
1651-1886	1685-1924	1718-1962	1752-2001	1785-2039	1819-2078	1853-2116	1886-2155	1920-2193	1954-2232	$1.00	$0.65	$0.45
1887-2121	1925-2165	1963-2208	2002-2251	2040-2294	2079-2338	2117-2381	2156-2424	2194-2467	2233-2511	$2.00	$1.30	$0.90
2122-2357	2166-2405	2209-2453	2252-2501	2295-2549	2339-2598	2382-2646	2425-2694	2468-2742	2512-2790	$3.00	$1.95	$1.35
2358-2593	2406-2646	2454-2698	2502-2751	2550-2804	2599-2857	2647-2910	2695-2963	2743-3016	2791-3068	$4.00	$2.60	$1.80
2594-3185	2647-3251	2699-3315	2752-3380	2805-3446	2858-3511	2911-3575	2964-3640	3017-3706	3069-3142	$5.00	$3.25	$2.25

*FAMILIES IN THIS INCOME GROUP SHALL PAY $1.00 PER YEAR WHICH CONSTITUTES THE PERIODIC PAYMENT FOR THE ELIGBILITY PERIOD

FAMILIES WITH INCOME HIGHER THAN THIS SCALE PAY THE ENTIRE CHILD CARE FEE

*AUTHORITY: section 207.020, RSMo [1986] **2000**. Original rule filed Dec. 30, 1975, effective Jan. 9, 1976. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed March 22, 2007, effective April 1, 2007, expires Sept. 27, 2007.*

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register.* If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 4—Wildlife Code: General Provisions

PROPOSED AMENDMENT

3 CSR 10-4.130 Owner May Protect Property*; Public Safety*. The commission proposes to rename the title of the rule, amend sections (1) and (4) and add new sections (5) and (6).

PURPOSE: This amendment clarifies provisions for killing black bears; and clarifies provisions for killing mountain lions if they are threatening humans, or attacking or killing domestic animals or livestock.

(1) Subject to federal regulations governing the protection of property from migratory birds, any wildlife except deer, turkey, black bears**, mountain lions** and any endangered species**,** which beyond reasonable doubt is damaging property may be captured or killed by the owner of the property being damaged, or by his/her representative, at any time and without permit, but only by shooting or trapping except by written authorization of the director or, for avian control, of his/her designee. Wildlife may be so controlled only on the owner's property to prevent further damage.

(4) Deer, turkeys, *[black bears]* and endangered species that are causing damage may be killed only with the permission of an agent of the department and by methods authorized by him/her. *[Mountain lions attacking or killing livestock or domestic animals, or attacking human beings, may be killed without prior permission, but the kill must be reported immediately to an agent of the department and the intact mountain lion carcass, including pelt, must be surrendered to the agent within twenty-four (24) hours.]*

(5) Black bears that are causing damage may be killed only with the permission of an agent of the department and by methods authorized by him/her, except that they may be killed without prior permission if they are attacking or killing livestock or domestic animals, or attacking humans. Black bears killed under this rule must be reported immediately to an agent of the department and the intact black bear carcass, including pelt, must be surrendered to the agent within twenty-four (24) hours.

(6) Mountain lions may be killed without prior permission if they are attacking or killing livestock or domestic animals, or if they are threatening human safety. Any mountain lion killed under this rule must be reported immediately to an agent of the department and the intact mountain lion carcass, including pelt, must be surrendered to the agent within twenty-four (24) hours.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. Original rule filed Aug. 15, 1973, effective Dec. 31, 1973. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed March 19, 2007.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Assistant Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 140—Division of Energy
Chapter 6—Missouri Propane Education and Research Program

PROPOSED AMENDMENT

10 CSR 140-6.010 Definitions and General Provisions. The division is amending section (5) membership provisions.

PURPOSE: This amendment changes the membership and terms of the Missouri Propane Education and Research Council.

(5) Membership.

(C) The council shall consist of fifteen (15) members, with *[six (6)]* **nine (9)** members **wholesalers or resellers** representing retail marketers of propane; *[six (6)]* **three (3)** members representing *[producers]* of propane; two (2) members representing manufacturers and distributors of gas use equipment, wholesalers or resellers, or transporters; and one (1) public member. Other than the public member, council members shall be full-time employees or owners of businesses in the industry.

(E) Council members shall serve terms of three (3) years; except that of the initial members appointed, five (5) shall be appointed for terms of one (1) year, five (5) shall be appointed for terms of two (2) years and five (5) shall be appointed for terms of three (3) years.

1. Members may *[serve]* **be appointed to** a maximum of two (2) consecutive full terms.

2. Members filling unexpired terms *[may serve a maximum of seven (7) consecutive years]* **will not have any partial term of service count against the two (2)-term limitation**.

3. Former members of the council may be reappointed to the council if they have not been members for a period of *[two (2) years]* **one (1) year**.

*AUTHORITY: sections 414.500, 414.510, 414.520, 414.530, 414.540, 414.550, 414.570, 414.580 and 414.590, RSMo [Supp. 1993] **2000 and** 414.560, **RSMo Supp. 2006**. Original rule filed Feb. 2, 1994, effective July 30, 1994. Amended: Filed March 23, 2007.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Brenda Wilbers, Department of Natural Resources Energy Center, PO Box 176 Jefferson City, MO 65102-0176 or 1101 Riverside Drive, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 3—Conditions of Provider Participation, Reimbursement and Procedure of General Applicability

PROPOSED AMENDMENT

13 CSR 70-3.020 Title XIX Provider Enrollment. The division is amending section (7) and adding a new section (12).

PURPOSE: This amendment aligns reporting time frames of changes to provider enrollment records with the Medicare program and adds a requirement for providers to comply with federal legislation regarding employee education about false claims recovery.

(7) The provider shall advise the single state agency, in writing, on enrollment forms specified by the single state agency, of any changes affecting the provider's enrollment records **within ninety (90) days of the change, with the exception of change of ownership or control of any provider which must be reported within thirty (30) days**. The Provider Enrollment Unit within the division is responsible for determining whether a current Medicaid provider number shall be issued or a new Medicaid provider number is issued. A new Medicaid provider number is not issued for any changes, including, but not limited to, change of ownership, change of operator, tax identification change, merger, bankruptcy, name change, address change, payment address change, Medicare number change, or facilities/offices that have been closed and reopened at the same or different locations. This includes replacement facilities whether they are at the same location or a different location, and whether the Medicare number is retained or if a new Medicare number is issued. If a new provider number is issued in error due to change information being withheld at the time of application, the new Medicaid provider number shall be made inactive, the existing provider number will be made active, the existing provider number shall be updated, and the provider may be subject to sanction. The division shall issue payments to the entity identified in the current Medicaid participation agreement. Regardless of changes in control or ownership, the division shall recover from the entity identified in the current Medicaid participation agreement liabilities, sanctions and penalties pertaining to the Medicaid program, regardless of when the services were rendered.

(12) A provider that receives payment or makes payment of five (5) million dollars or more in a federal fiscal year under the Missouri Medicaid program must annually attest that the provider complies with the provisions of section 6032 of the federal Deficit Reduction Act of 2005. If a provider furnishes items or services at more than a single location or under more than one (1) contractual or other payment arrangement, the provisions apply to that provider if the aggregate payments total five (5) million dollars or more. A provider meeting this dollar threshold and having more than one (1) federal tax identification number shall provide the single state agency written notification of each associated federal tax identification number, each associated provider name, and each associated Medicaid provider number by September 30 of each year. The provider's annual attestation must be made by March 1 of each year. The provider must provide a copy of the attestation within thirty (30) days upon the request of the single state agency. Any provider that claims an exemption from the provisions of section 6032 of the federal Deficit Reduction Act of 2005 must provide proof of such exemption within thirty (30) days upon the request of the single state agency.

AUTHORITY: sections 208.153, 208.159, 208.164, 208.201 and 210.924, RSMo 2000. This rule was previously filed as 13 CSR 40-81.165. Original rule filed June 14, 1982, effective Sept. 11, 1982. Amended: Filed July 30, 2002, effective Feb. 28, 2003. Amended: Filed April 29, 2005, effective Oct. 30, 2005. Amended: Filed Nov. 1, 2005, effective June 30, 2006. Amended: Filed March 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 3—Conditions of Provider Participation, Reimbursement and Procedure of General Applicability

PROPOSED AMENDMENT

13 CSR 70-3.030 Sanctions for False or Fraudulent Claims for Title XIX Services. The division is amending section (1), paragraph (3)(A)7. and subsections (6)(A) and (6)(B) and adding new paragraphs (3)(A)43. and 3(A)44. and subsection (6)(E).

PURPOSE: This amendment adds program violations for failing to comply with federal legislation regarding employee education about false claims recovery and failing to report changes to the provider enrollment record within time frames that are aligned with the Medicare program and clarifies collection of provider overpayments.

(1) Administration. The Missouri Medicaid program shall be administered by the Department of Social Services, Division of Medical Services. The services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the division and shall be included in the Medicaid provider manuals, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109, at its website www.dss.mo.gov/dms, *[December 15, 2006]* **May 1, 2007**. This rule does not incorporate any subsequent amendments or additions.

(3) Program Violations.

(A) Sanctions may be imposed by the Medicaid agency against a provider for any one (1) or more of the following reasons:

1. Presenting, or causing to be presented, for payment any false or fraudulent claim for services or merchandise in the course of business related to Medicaid;

2. Submitting, or causing to be submitted, false information for the purpose of obtaining greater compensation than that to which the provider is entitled under applicable Medicaid program policies or rules, including, but not limited to, the billing or coding of services which results in payments in excess of the fee schedule for the service actually provided or billing or coding of services which results in payments in excess of the provider's charges to the general public for the same services or billing for higher level of service or increased number of units from those actually ordered or performed or both, or altering or falsifying medical records to obtain or verify a greater payment than authorized by a fee schedule or reimbursement plan;

3. Submitting, or causing to be submitted, false information for the purpose of meeting prior authorization requirements or for the purpose of obtaining payments in order to avoid the effect of those changes;

4. Failing to make available, and disclosing to the Medicaid agency or its authorized agents, all records relating to services provided to Medicaid recipients or records relating to Medicaid payments, whether or not the records are commingled with non-Title XIX (Medicaid) records. All records must be kept a minimum of five (5) years from the date of service unless a more specific provider regulation applies. The minimum five (5)-year retention of records requirement continues to apply in the event of a change of ownership or discontinuing enrollment in Medicaid. Services billed to the Medicaid agency that are not adequately documented in the patient's medical records or for which there is no record that services were performed shall be considered a violation of this section. Copies of records must be provided upon request of the Medicaid agency or its authorized agents, regardless of the media in which they are kept. Failure to make these records available on a timely basis at the same site at which the services were rendered or at the provider's address of record with the Medicaid agency, or failure to provide copies as requested, or failure to keep and make available adequate records which adequately document the services and payments shall constitute a violation of this section and shall be a reason for sanction. Failure to send records, which have been requested via mail, within the specified time frame shall constitute a violation of this section and shall be a reason for sanction;

5. Failing to provide and maintain quality, necessary and appropriate services, including adequate staffing for long-term care facility Medicaid recipients, within accepted medical community standards as adjudged by a body of peers, as set forth in both federal and state statutes or regulations. Failure shall be documented by repeat discrepancies. The discrepancies may be determined by a peer review committee, medical review teams, independent professional review teams, utilization review committees or by Professional Standards Review Organizations (PSRO). The medical review may be conducted by qualified peers employed by the single state agency;

6. Engaging in conduct or performing an act deemed improper or abusive of the Medicaid program or continuing the conduct following notification that the conduct should cease. This will include inappropriate or improper actions relating to the management of recipients' personal funds or other funds;

7. Breaching of the terms of the Medicaid provider agreement of any current written and published policies and procedures of the Medicaid program (such policies and procedures are contained in provider manuals or bulletins which are incorporated by reference and made a part of this rule as published by the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65102, at its website www.dss.mo.gov/dms, *[December 15, 2006]* **May 1, 2007**. This rule does not incorporate any subsequent amendments or additions.) or failing to comply with the terms of the provider certification on the Medicaid claim form;

8. Utilizing or abusing the Medicaid program as evidenced by a documented pattern of inducing, furnishing or otherwise causing a recipient to receive services or merchandise not otherwise required or requested by the recipient, attending physician or appropriate utilization review team; a documented pattern of performing and billing tests, examinations, patient visits, surgeries, drugs or merchandise that exceed limits or frequencies determined by the department for like practitioners for which there is no demonstrable need, or for which the provider has created the need through ineffective services or merchandise previously rendered;

9. Rebating or accepting a fee or portion of a fee or charge for a Medicaid patient referral; or collecting a portion of the service fee from the recipient, except this shall not apply to Title XIX services for which recipients are responsible for payment of a copayment or coinsurance in accordance with 13 CSR 70-4.051 and 13 CSR 70-55.010;

10. Violating any provision of the State Medical Assistance Act or any corresponding rule;

11. Submitting a false or fraudulent application for provider status which misrepresents material facts. This shall include concealment or misrepresentation of material facts required on any provider agreements or questionnaires submitted by affiliates when the provider knew or should have known the contents of the submitted documents;

12. Violating any laws, regulations or code of ethics governing the conduct of occupations or professions or regulated industries. In addition to all other laws which would commonly be understood to govern or regulate the conduct of occupations, professions or regulated industries, this provision shall include any violations of the civil or criminal laws of the United States, of Missouri or any other state or territory, where the violation is reasonably related to the provider's qualifications, functions or duties in any licensed or regulated profession or where an element of the violation is fraud, dishonesty, moral turpitude or an act of violence;

13. Failing to meet standards required by state or federal law for participation (for example licensure);

14. Exclusion from the Medicare program or any other federal health care program;

15. Failing to accept Medicaid payment as payment in full for covered services or collecting additional payment from a recipient or responsible person, except this shall not apply to Title XIX services for which recipients are responsible for payment of a copayment or coinsurance in accordance with 13 CSR 70-4.051 and 13 CSR 70-55.010;

16. Refusing to execute a new provider agreement when requested to do so by the single state agency in order to preserve the single state agency's compliance with federal and state requirements; or failure to execute an agreement within twenty (20) days for compliance purposes;

17. Failing to correct deficiencies in provider operations within ten (10) days or date specified after receiving written notice of these deficiencies from the single state agency or within the time frame provided from any other agency having licensing or certification authority;

18. Being formally reprimanded or censured by a board of licensure or an association of the provider's peers for unethical, unlawful or unprofessional conduct; any termination, removal, suspension, revocation, denial, probation, consented surrender or other disqualification of all or part of any license, permit, certificate or registration related to the provider's business or profession in Missouri or any other state or territory of the United States;

19. Being suspended or terminated from participation in another governmental medical program such as Workers' Compensation, Crippled Children's Services, Rehabilitation Services, Title XX Social Service Block Grant or Medicare;

20. Using fraudulent billing practices arising from billings to third parties for costs of services or merchandise or for negligent practice resulting in death or injury or substandard care to persons including, but not limited to, the provider's patients;

21. Failing to repay or make arrangements for the repayment of identified overpayments or otherwise erroneous payments prior to the allowed forty-five (45) days which the provider has to refund the requested amount;

22. Billing the Medicaid program more than once for the same service when the billings were not caused by the single state agency or its agents;

23. Billing the state Medicaid program for services not provided prior to the date of billing (prebilling), except in the case of prepaid health plans or pharmacy claims submitted by point-of-service technology; whether or not the prebilling causes loss or harm to the Medicaid program;

24. Failing to reverse or credit back to the medical assistance program (Medicaid) within thirty (30) days any pharmacy claims submitted to the agency that represent products or services not received by the recipient; for example, prescriptions that were returned to stock because they were not picked up;

25. Conducting any action resulting in a reduction or depletion of a long-term care facility Medicaid recipient's personal funds or reserve account, unless specifically authorized in writing by the recipient, relative or responsible person;

26. Submitting claims for services not personally rendered by the individually enrolled provider, except for the provisions specified in the Missouri Medicaid dental, physician, or nurse midwife programs where such claims may be submitted only if the individually enrolled provider directly supervised the person who actually performed the service and the person was employed by the enrolled provider at the time the service was rendered. All claims for psychiatric, psychological counseling, speech therapy, physical therapy, and occupational therapy services may only be billed by the individually enrolled provider who actually performs the service, as supervision is noncovered for these services. Services performed by a nonenrolled person due to Medicaid sanction, whether or not the person was under supervision of the enrolled provider, is a noncovered service;

27. Making any payment to any person in return for referring an individual to the provider for the delivery of any goods or services for which payment may be made in whole or in part under Medicaid. Soliciting or receiving any payment from any person in return for referring an individual to another supplier of goods or services regardless of whether the supplier is a Medicaid provider for the delivery of any goods or services for which payment may be made in whole or in part under Medicaid is also prohibited. Payment includes, without limitation, any kickback, bribe or rebate made, either directly or indirectly, in cash or in-kind;

28. Billing for services through an agent, which were upgraded from those actually ordered, performed; or billing or coding services, either directly or through an agent, in a manner that services are paid for as separate procedures when, in fact, the services were performed concurrently or sequentially and should have been billed or coded as integral components of a total service as prescribed in Medicaid policy for payment in a total payment less than the aggregate of the improperly separated services; or billing a higher level of service than is documented in the patient/client record; or unbundling procedure codes;

29. Conducting civil or criminal fraud against the Missouri Medicaid program or any other state Medicaid (medical assistance) program, or any criminal fraud related to the conduct of the provider's profession or business;

30. Having sanctions or any other adverse action invoked by another state Medicaid program;

31. Failing to take reasonable measures to review claims for payment for accuracy, duplication or other errors caused or committed by employees when the failure allows material errors in billing to occur. This includes failure to review remittance advice statements provided which results in payments which do not correspond with the actual services rendered;

32. Submitting improper or false claims to the state or its fiscal agent by an agent or employee of the provider;

33. For providers other than long-term care facilities, failing to retain in legible form for at least five (5) years from the date of service, worksheets, financial records, appointment books, appointment calendars (for those providers who schedule patient/client appointments), adequate documentation of the service, and other documents and records verifying data transmitted to a billing intermediary, whether the intermediary is owned by the provider or not. For long-term care providers, failing to retain in legible form, for at least seven (7) years from the date of service, worksheets, financial records, adequate documentation for the service(s), and other documents and records verifying data transmitted to a billing intermediary, whether the intermediary is owned by the provider or not. The documentation must be maintained so as to protect it from damage or loss by fire, water, computer failure, theft, or any other cause;

34. Removing or coercing from the possession or control of a recipient any item of durable medical equipment which has reached Medicaid-defined purchase price through Medicaid rental payments or otherwise become the property of the recipient without paying fair market value to the recipient;

35. Failing to timely submit civil rights compliance data or information or failure to timely take corrective action for civil rights compliance deficiencies within thirty (30) days after notification of these deficiencies or failure to cooperate or supply information required or requested by civil rights compliance officers of the single state agency;

36. Billing the Medicaid program for services rendered to a recipient in a long-term care facility when the resident resided in a portion of the facility which was not Medicaid-certified or properly licensed or was placed in a nonlicensed or Medicaid-noncertified bed;

37. Failure to comply with the provisions of the Missouri Department of Social Services, Division of Medical Services Title XIX Participation Agreement with the provider relating to health care services;

38. Failure to maintain documentation which is to be made contemporaneously to the date of service;

39. Failure to maintain records for services provided and all billing done under his/her provider number regardless to whom the reimbursement is paid and regardless of whom in his/her employ or service produced or submitted the Medicaid claim or both;

40. Failure to submit proper diagnosis codes, procedure codes, billing codes regardless to whom the reimbursement is paid and regardless of whom in his/her employ or service produced or submitted the Medicaid claim;

41. Failure to submit and document, as defined in subsection (2)(A) the length of time (begin and end clock time) actually spent providing a service, except for services as specified under 13 CSR 70-91.010(4)(A) Personal Care Program, regardless to whom the reimbursement is paid and regardless of whom in his/her employ or service produced or submitted the Medicaid claim or both; *[and]*

42. Billing for the same service as another provider when the service is performed or attended by more than one (1) enrolled provider. Missouri Medicaid will reimburse only one (1) provider for the exact same service*[.]*;

43. Failing to make an annual attestation of compliance with the provisions of Section 6032 of the federal Deficit Reduction Act of 2005 by March 1 of each year, or failing to provide a requested copy of an attestation, or failing to provide written notification of having more than one (1) federal tax identification number by September 30 of each year, or failing to provide requested proof of a claimed exemption from the provisions of section 6032 of the federal Deficit Reduction Act of 2005; and

44. Failing to advise the single state agency, in writing, on enrollment forms specified by the single state agency, of any changes affecting the provider's enrollment records within ninety (90) days of the change, with the exception of change of ownership or control of any provider which must be reported within thirty (30) days.

(6) Amounts Due the Department of Social Services From a Provider.

(A) If there exists an amount due the Department of Social Services from a provider, the single state agency shall notify the provider or the provider's representative of the amount of the overpayment. **The notice shall be mailed to the address on the provider's enrollment record.** If the amount due is not sooner paid to the Department of Social Services by or on behalf of the provider, the single state agency, forty-five (45) days from the date the provider receives the notice, established by a signed receipt of delivery **or receipt of undelivered mail from the United States Post Office using the address on the provider's enrollment record**, may take appropriate action to collect the overpayment. The single state agency may recover the overpayment by withholding from current Medicaid reimbursement. The withholding may be taken from one (1) or more payments until the funds withheld in the aggregate equal the amount due as stated in the notice.

(B) When a provider receives notice, established by a signed receipt of delivery **or receipt of undelivered mail from the United States Post Office using the address on the provider's enrollment record**, of an overpayment and the amount due is in excess of one thousand dollars ($1,000), the provider, within ten (10) days of the notice, may submit to the single state agency a plan for repayment of forty percent (40%) of the overpayment amount and request that the plan be adopted and adhered to by the single state agency in collecting the overpayment. No repayment plans will be considered for the first sixty percent (60%) of the overpayment amount. If this repayment plan is timely received from a provider, the single state agency shall consider the proposal, together with all the facts and circumstances of the case and reject, accept or offer to accept a modified version of the provider's plan for repayment. The single state agency shall notify the provider of its decision within ten (10) days after the proposal is received. If no plan for repayment is agreed upon within thirty (30) days after the provider receives notice of the overpayment, the Medicaid agency may take appropriate action to collect the balance of the amount due.

(E) The single state agency may collect provider overpayments from any other enrolled provider when the other enrolled provider has received payment on behalf of the provider who incurred the overpayment (such as when a provider has directed payment to another enrolled provider). The single state agency may also collect provider overpayments from any enrolled provider with the same federal employer identification number (EIN) as the provider who incurred the overpayment. The state agency shall notify the other enrolled provider(s) forty-five (45) days prior to initiating the overpayment action. The notice shall be mailed to the address on the provider's(s') enrollment record. If the amount due is in excess of one thousand dollars ($1,000), the other enrolled provider, within ten (10) days of the notice, may submit to the single state agency a plan for repayment of forty percent (40%) of the overpayment amount and request that the plan be adopted and adhered to by the single state agency in collecting the overpayment. No repayment plan will be considered for the first sixty percent (60%) of the overpayment amount. If this repayment plan is timely received from the other enrolled provider, the single state agency shall consider the proposal, together with all the facts and circumstances of the case and reject, accept or offer to accept a modified version of the other enrolled provider's plan for repayment. The single state agency shall notify the other enrolled provider of its decision within ten (10) days after the proposal is received. If no plan for repayment is agreed upon within thirty (30) days after the other enrolled provider receives notice of the overpayment, the Medicaid agency may take appropriate action to collect the balance of the amount due.

AUTHORITY: sections 208.153 and 208.201, RSMo 2000. This rule was previously filed as 13 CSR 40-81.160. Original rule filed Sept. 22, 1979, effective Feb. 11, 1980. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed March 30, 2007.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 10—Nursing Home Program

PROPOSED AMENDMENT

13 CSR 70-10.015 Prospective Reimbursement Plan for Nursing Facility Services. The division is adding paragraph (13)(A)11. to provide for a per diem increase and amending sections (3), (4), (7), (10), (11), (12), (13), (14), (20) and (21) of the regulation for clarification purposes.

PURPOSE: This amendment provides for a per diem increase to nursing facility reimbursement rates by granting a trend adjustment resulting in an increase of three dollars and zero cents ($3.00) effective for dates of service beginning February 1, 2007 through June 30, 2007 and clarifies the current regulation.

(3) General Principles.

(E) The Medicaid reimbursement rate shall be the lower of—

1. The Medicare (Title XVIII) rate, if applicable; or

2. The reimbursement rate as determined in accordance with *[sections (11)–(13)]* **this regulation**.

(G) When a nursing facility is found not in compliance with federal requirements for participation in the Medicaid Program, sections 1919(b), (c) and (d) of the Social Security Act (42 U.S.C. 1396r), it may be terminated from the Medicaid Program or it may have imposed upon it an alternative remedy, pursuant to section 1919(h) of the Social Security Act (42 U.S.C. 1396r). In accordance with section 1919(h)(3)(D) of the Social Security Act, the alternative remedy, denial of payment for new admission, is contingent upon agreement to repay payments received if the corrective action is not taken in accordance with the approved plan and timetable. It is also required that the nursing facility establish a directed plan of correction in conjunction with and acceptable to the *[Division of Aging]* **Department of Health and Senior Services**.

(S) Each state fiscal year the department shall submit to the Office of Administration for consideration a budget item based on the HCFA Market Basket Index for Nursing Homes representing a statistical measure of the change in costs of goods and services purchased by nursing facilities during the course of one (1) year. The submission of the budget item by the department has no correlation to determining the costs that are incurred by an efficiently and economically operated facility. Any trend factor granted shall be applied to the patient care, ancillary and administration cost components **and the pass-through expenses included in the capital cost component per diem**. For facilities with allowable costs from their 1992 desk audited and/or field audited cost report as determined in *[sections (11)–(13) of]* this regulation that are below the facilities' January 1, 1994 reimbursement rate, any granted trend factor shall be limited to the product of the new plan rate divided by the January 1, 1994, (old plan rate) times the facility's trend factor. For example:

New Plan Rate (1-1-95)	$49.19
January 1, 1994 Rate	$54.32
Proposed Trend Factor	$ 1.88
Adjusted Trend Factor	$ 1.70
($49.19/$54.32) * $1.88	
90.55% * $1.88 = $1.70	

The rate after the trend factor would be $56.02 ($54.32 + $1.70).

(4) Definitions.

(A) Additional beds. Newly constructed beds never certified for Medicaid or never previously licensed by the *[Division of Aging or]* Department of Health **and Senior Services**.

(B) Administration. This cost component includes the following lines from the cost report**:**

1. *[v]***V**ersion MSIR-1 (7-93): lines 105, 113–120, 122–140, 142–144, 147–150, 152–158 and amortization of organizational costs reported on line 106*[.]*; **and**

2. Version MSIR-1 (3-95): lines 111–150.

(C) Age of beds. The age is determined by subtracting the initial licensing year from 1994 **for prospective rates effective January 1, 1995 set during the initial 1992 rate base year calculations** or the *[current]* **rate setting** year*[, if later]* **for prospective rates effective after January 1, 1995**.

(E) Ancillary. This cost component includes the following lines from the cost report**:**

1. *[v]***V**ersion MSIR-1 (7-93): lines 62–75, 87–95, 97–103, 145–146*[.]*; **and**

2. Version MSIR-1 (3-95): lines 71–101.

(F) Asset value. The asset value is *[thirty-two thousand three hundred thirty dollars ($32,330) and is used in calculating the Fair Rental Value System.]* **the per bed cost of construction used in calculating a facility's capital cost component per diem utilizing the fair rental value system (FRV) as set forth in subsection (11)(D). The asset value is determined using the RS Means Building Construction Cost publication and the median, total cost of construction per bed for nursing homes from the "S.F., C.F., and % of Total Costs" table, adjusted by the total weighted average index for Missouri cities from the "City Cost Indexes" table. The initial asset value used in setting rates effective January 1, 1995 relating to the initial 1992 base year is the value for 1994 and is thirty-two thousand three hundred thirty dollars ($32,330). The initial asset value is adjusted annually using the estimated Historical Cost Indexes from the RS Means publication for each year and is used to set the prospective rate for new facilities. The asset value in effect at the end of the rate setting period shall be used.**

(I) Capital. This cost component will be calculated using a fair rental value system **(FRV)**. The fair rental value is reimbursed in lieu of the costs reported on *[lines 106–112 of the cost report version MSIR-1 (7-93) except for amortization of organizational costs.]* **the following lines of the cost report:**

1. Version MSIR-1 (7-93): lines 106–112, except for amortization of organizational costs; and

2. Version MSIR-1 (3-95): lines 102-109.

(L) Ceiling. The ceiling is **the maximum per diem rate for which a facility may be reimbursed for the patient care, ancillary and administration cost components and is** determined by applying a percentage to the median per diem for the patient care, ancillary and administration cost components. The percentage is one hundred twenty percent (120%) for patient care, one hundred twenty percent (120%) for ancillary and one hundred ten percent (110%) for administration.

(M) Certified bed. Any nursing facility or hospital based bed that is certified by the *[Division of Aging or]* Department of Health **and Senior Services** to participate in the Medicaid Program.

(R) Cost report. The Financial and Statistical Report for Nursing Facilities, required attachments as specified in paragraph (10)(A)*[8.]***7.** of this regulation and all worksheets supplied by the division for this purpose. The cost report shall detail the cost of rendering both covered and noncovered services for the fiscal reporting period in accordance with this regulation*[,]* **and the** cost report instruction**s** and **shall be prepared** on forms or diskettes provided by and/or as approved by the division.

1. Cost Report version MSIR-1 (7-93) shall be used for completing cost reports with fiscal years ending prior to January 1, 1995 and shall be denoted as CR (7-93) throughout the remainder of this regulation.

2. Cost Report version MSIR-1 (3-95) shall be used for completing cost reports with fiscal years ending on or after January 1, 1995 and shall be denoted as CR (3-95) throughout the remainder of this regulation.

(S) Data bank. The data from the *[desk audited and/or field audited 1992]* **rate base year** cost report**s** excluding **the following facilities:** hospital based, state operated**,** *[and]* pediatric *[nursing facilities]* **HIV, terminated or interim rate**. *[This data is adjusted for the HCFA Market Basket Index for 1993 of 3.9%, 1994 of 3.4% and nine months of 1995 of 3.3%, for a total adjustment of 10.6%.]* If a facility has more than one (1) cost report with periods ending in *[calendar year 1992]* **the rate base year**, the cost report covering a full twelve (12)-month period ending in *[calendar year 1992]* **the rate base year** will be used. If none of the cost reports cover a full twelve (12) months, the cost report with the latest period ending in *[calendar year 1992]* **the rate base year** will be used. *[Any changes to the desk audited and/or field audited 1992 cost reports made after the effective date of this regulation will not be included in the data bank.]*

1. The initial rate base year shall be 1992 and the data bank shall include cost reports with an ending date in calendar year 1992. The 1992 initial base year data shall be used to set rates effective for dates of service beginning January 1, 1995 through June 30, 2004. The 1992 initial base year data is adjusted for the HCFA Market Basket Index for 1993 of 3.9%, 1994 of 3.4% and nine (9) months of 1995 of 3.3%, for a total adjustment of 10.6%.

2. The rate base year used for rebasing shall be 2001 and the data bank shall include cost reports with an ending date in calendar year 2001. The 2001 rebase year data shall be used to set rates effective for dates of service beginning July 1, 2004 through such time rates are rebased again or calculated on some other cost report as set forth in regulation. The 2001 rebase year data is adjusted for the CMS Market Basket Index for SFY 2002 of 3.2%, SFY 2003 of 3.4%, SFY 2004 of 2.3% and SFY 2005 of 2.3%, for a total adjustment of 11.2%.

(U) Department of Health and Senior Services. The department of the state of Missouri responsible for the survey, certification and licensure of nursing facilities as prescribed in Chapter 198, RSMo. Previously, the agency responsible for these duties was the Division of Aging within the Department of Social Services.

[(U)] **(V)** Desk audit. The Division of Medical Services' or its authorized agent's audit of a provider's cost report without a field audit.

[(V)] **(W)** Director. The director, unless otherwise specified, refers to the director, Missouri Department of Social Services.

[(W) Division of Aging. The division of the Department of Social Services responsible for survey, certification and licensure as prescribed in Chapter 198, RSMo.]

(BB) Facility size. The number of licensed nursing facility beds as determined from the desk audited and/or field audited cost report **which has been verified with Department of Health and Senior Services records**.

(FF) HCFA Market Basket Index. An index showing nursing home market basket indexes. The index is published quarterly by DRI/McGraw Hill. The table used in this regulation is titled "DRI Health Care Cost—National Forecasts, HCFA Nursing Home Without Capital Market Basket." **HCFA became known as the Center for Medicare and Medicaid Services (CMS) and the table name changed accordingly. The publication and publisher have also changed names but the publication still provides essentially the same information. The publication is known as the Health-Care Cost Review and it is published by Global Insight. The same or comparable index and table shall continue to be used, regardless of any changes in the name of the publication, publisher or table.**

(GG) Hospital based. Any nursing facility bed licensed and certified by the Department of Health **and Senior Services, Section for Health Facilities Regulation, which is physically connected to or located in a hospital**.

(HH) Interim rate. The interim rate is the sum of one hundred percent (100%) of the patient care cost component ceiling, ninety percent (90%) of the ancillary and administration cost component ceilings, ninety-five percent (95%) of the median per diem for the capital cost component, and the working capital allowance using the interim rate cost component. The median per diem for capital will be determined from the capital component per diems of providers with prospective rates in effect on January 1, 1995 **for the initial rate base year; July 1, 2004 for the 2001 rebased year; and March 15, 2005 for the revised rebase calculations effective for dates of service beginning April 1, 2005 and for the per diem rate calculation effective for dates of service beginning July 1, 2005 forward**.

(II) Licensed bed. Any skilled nursing facility or intermediate care facility bed meeting the licensing requirement of the *[Division of Aging or the]* Missouri Department of Health **and Senior Services**.

(KK) Median. The middle value in a distribution, above and below which lie an equal number of values. *[This distribution is based on the data bank.]* **The distribution for purposes of this regulation includes the per diems calculated for each facility based on or derived from the data in the data bank. The per diem for each facility is the allowable cost per day which is calculated by dividing the facility's allowable costs by the patient days. For the administration cost component, each facility's per diem included in the data bank and used to determine the median shall include the adjustment for minimum utilization set forth in subsection (7)(O) by dividing the facility's allowable costs by the greater of the facility's actual patient days or the calculated minimum utilization days.**

(MM) Occupancy rate. A facility's total actual patient days divided by the total bed days for the same period as determined from the desk audited and/or field audited cost report. For a distinct part facility that completes a worksheet one *[(1)]* of cost report, version MSIR (7-93) **or (3-95)**, determine the occupancy rate from the total actual patient days from the certified portion of the facility divided by the total bed days from the certified portion for the same period, as determined from the desk audited and/or field audited cost report.

(NN) Patient care. This cost component includes the following lines from the cost report**:**

1. *[v]***V**ersion MSIR-1 (7-93): lines 45–60, 77–85*[.]***; and**

2. Version MSIR-1 (3-95): lines 46–70.

(SS) Rate setting period. The *[full twelve (12)-month]* period in which a facility's prospective rate is determined. **The cost report that contains the data covering this period will be used to determine the facility's prospective rate and is known as the rate setting cost report.** The rate setting period for a facility is determined from applicable regulations on or after July 1, 1990.

(VV) Replacement beds. Newly constructed beds never certified for Medicaid or previously licensed by the *[Division of Aging or the]* Department of Health **and Senior Services** and put in service in place of existing Medicaid beds. The number of replacement beds being certified for Medicaid shall not exceed the number of beds being replaced.

(7) Allowable Cost Areas.

(A) Compensation of Owners.

1. Compensation of services of owners shall be an allowable cost area. Reasonableness of compensation shall be limited as prescribed in subsection (8)*[(Q)]***(P)**.

2. Compensation shall mean the total benefit, within the limitations set forth in this regulation, received by the owner for the services rendered to the facility. This includes direct payments for managerial, administrative, professional and other services, amounts paid for the personal benefit of the owner, the cost of assets and services which the owner receives from the provider, and additional amounts determined to be the reasonable value of the services rendered by sole proprietors or partners and not paid by any method previously described in this regulation. Compensation must be paid (whether in cash, negotiable instrument, or in kind) within seventy-five (75) days after the close of the period in accordance with the guidelines published in the *Medicare Provider Reimbursement Manual*, Part 1, Section 906.4.

(D) *[Depreciation—]* Vehicle **Costs**. **Costs related to allowable vehicles shall be accounted for as set forth below. Allowable vehicles are vehicles which are a necessary part of the operation of a nursing facility. One (1) vehicle per sixty (60) licensed beds is allowable. For example, one (1) vehicle is allowed for a facility with zero to sixty (0–60) licensed beds, two (2) vehicles are allowed for a facility with sixty-one to one hundred twenty (61–120) licensed beds, and so forth. Costs related to vehicles that are disallowed shall also be disallowed and adjustments made accordingly.**

1. **Depreciation.**

A. An appropriate allowance for depreciation on **allowable** vehicles *[which are a necessary part of the operation of a nursing facility is an allowable cost. One (1) vehicle per sixty (60) licensed beds is allowable. For example, one (1) vehicle is allowed for a facility with zero to sixty (0–60) licensed beds, two (2) vehicles are allowed for a facility with sixty-one to one hundred twenty (61–120) licensed beds, and so forth. Depreciation is treated as an administration cost and]* is reported on line 139 of the cost report, version MSIR-1 (7-93) **and on line 133 of CR (3-95)**.

[2.] **B.** The depreciation must be identifiable and recorded in the provider's accounting records, based on the basis of the vehicle and prorated over the estimated useful life of the vehicle in accordance with American Hospital Association depreciable guidelines using the straight line method of depreciation from the date initially put into service.

[3.] **C.** The basis of vehicle cost at the time placed in service shall be the lower of—

[A.] **(I)** The book value of the provider;

[B.] **(II)** Fair market value at the time of acquisition; or

[C.] **(III)** The recognized Internal Revenue Service (IRS) tax basis.

[4.] **D.** The basis of a donated vehicle will be allowed to the extent of recognition of income resulting from the donation of the vehicle. Should a dispute arise between a provider and the division as to the fair market value at the time of acquisition of a depreciable vehicle, an appraisal by a third party is required. The appraisal cost will be the sole responsibility of the nursing facility.

[5.] **E.** Historical cost will include the cost incurred to prepare the vehicle for use by the nursing facility.

[6.] **F.** When a vehicle is acquired by trading in an existing vehicle, the cost basis of the new vehicle shall be the sum of undepreciated cost basis of the traded vehicle plus the cash paid.

2. Interest. Interest cost on vehicle debt related to allowable vehicles shall be reported on line 139 of CR (7-93) and line 134 of CR (3-95).

3. Insurance. Insurance cost related to allowable vehicles shall be reported on line 140 of CR (7-93) and line 135 of CR (3-95).

4. Rental and leases. Lease cost related to allowable vehicles shall be reported on line 139 of CR (7-93) and on line 135 of CR (3-95).

5. Personal property taxes. Personal property taxes related to allowable vehicles shall be reported on line 112 of CR (7-93) and on line 109 of CR (3-95).

6. Other miscellaneous maintenance and repairs. Other miscellaneous maintenance and repairs related to allowable vehicles shall be reported on line 139 of CR (7-93) and on line 135 of CR (3-95).

(E) Insurance.

1. Property insurance. Insurance cost on property of the nursing facility used to provide nursing facility services. Property insurance should be reported on line 109 of the cost report version MSIR-1 (7-93) **and line 107 of CR (3-95)**.

2. Other insurance. Liability, umbrella*[, vehicle]* and other general insurance for the nursing facility should be reported on line 140 of the cost report version MSIR-1 (7-93) **and line 136 of CR (3-95)**.

3. Workers' *[C]***compensation** insurance**. Insurance cost for workers' compensation** should be reported on the applicable *[payroll]* **workers' compensation** lines on the cost report *[for]* **corresponding to** the employee salary groupings.

(F) Interest and *[Finance]* **Borrowing** Costs **on Capital Asset Debt**. **Allowable interest and borrowing costs, as set forth below, are reimbursed as part of the capital cost component per diem detailed in subsection (11)(D).**

1. Interest will be reimbursed for necessary loans for **outstanding** capital asset debt **from the rate setting cost report** at the *[Chase Manhattan]* prime rate *[on September 1, 1994,]* plus two (2) percentage points**, as set forth in paragraph (11)(D)3**. *[For replacement beds, additional beds and new facilities placed in service after August 31, 1995, the prime rate will be updated annually on the first business day of each September based on the Chase Manhattan prime rate plus two (2) percentage points.]*

2. Loans (including finance charges, prepaid costs and discounts) must be supported by evidence of a written agreement that funds were borrowed and repayment of the funds are required. The loan costs must be identifiable in the provider's accounting records, must be related to the reporting period in which the costs are claimed, and must be necessary for the *[operation, maintenance or]* acquisition **and/or renovation** of the provider's facility.

3. Necessary means that the loan be incurred to satisfy a financial need of the provider and for a purpose related to recipient care. Loans which result in excess funds or investments are not considered necessary.

4. A provider shall capitalize **borrowing costs and amortize them over the life of the loan on a straight line basis. Borrowing costs include** loan costs (that is, lender's title and recording fees, appraisal fees, legal fees, escrow fees, and other closing costs), finance charges, prepaid interest and discounts. *[The loan costs shall be amortized over the life of the loan on a straight line basis.]* **Finder's fees are not allowed.**

5. If loans for capital asset debt exceed the facility asset value**,** the interest **and borrowing costs** associated with the portion of the loan or loans which exceeds the facility asset value shall not be allowable.

6. *[The following is a]***A**n illustration of how allowable interest **and allowable borrowing costs** is calculated **is detailed in paragraphs (11)(D)3. and 4.***[:*

Outstanding capital asset debt	*$2,500,000*
Term of debt	*25 years*
Interest rate (Chase Manhattan prime + 2%)	*10 percent*
Facility asset value	*$2,000,000*
Discount	*$ 125,000*
Loan costs	*$ 120,000*

Allowable interest calculation—use the lessor of the facility asset value or the outstanding capital asset debt.

Other allowable borrowing costs:

Discount—$2,000,000/$2,500,000 × $125,000 = $100,000
Loan Cost—$2,000,000/$2,500,000 × $120,000 = $ 96,000
Allowable Interest—$2,000,000 × 10% = $200,000
Discount—$100,000/25 years = $ 4,000
Loan Cost—$96,000/25 years = $ 3,840

Allowable Interest and Other Borrowing Costs $207,840

7. Interest cost on vehicle debt for allowable vehicles per paragraph (7)(D)1. is treated as an administration cost and reported on line 139 of the cost report version MSIR-1 (7-93).]

(G) Rental and Leases.

1. Capitalized leases, as defined by GAAP, *[will be reimbursed in accordance with subsections (7)(C), and (E)]* **are to be reported on the books of the facility as if the facility owns the property (i.e., the building, equipment, and related expenses are recorded on the books of the facility) in accordance with subsections (7)(C), (E), (F) and (H). A facility operating its building under a capital lease shall have its capital cost component calculated using the fair rental value system.**

[2. Lease cost related to allowable vehicles per paragraph (7)(D)1. shall be treated as an administrative cost and be reported on line 139 of the cost report version MSIR-1 (7-93).]

[3.] **2.** Operating leases, as defined by GAAP, *[will be part of the fair rental value system.]* **shall be reported on line 103 of CR (3-95). A facility operating its building under an operating lease shall have its capital cost component calculated using the fair rental value system. A facility may record the property insurance, real estate taxes and personal property taxes directly on the applicable capital lines of the cost report (i.e., lines 107, 108 and 109 of CR (3-95), respectively) and include the costs of such in calculating the pass through expenses portion of the capital rate if it meets the following criteria:**

A. If the cost of the property insurance, real estate taxes and personal property taxes are a distinct component of a facility's operating lease for the building and the lease payment is directly affected or changed by the amount of these items; and

B. The cost of the property insurance, real estate taxes and personal property taxes included in the lease must be documented and supported by the property insurance premium notice and tax assessment notices relating to the nursing facility.

(O) Minimum Utilization. In the event the occupancy rate of a facility is below eighty-five percent (85%), the administration and capital cost components will be adjusted as though the provider experienced eighty-five percent (85%) occupancy. **The adjustment for minimum utilization is reflected in the calculation of the per diem for the administration and capital cost components. If the provider's occupancy is less than eighty-five percent (85%), the total allowable costs are divided by the minimum utilization days rather than the facility's actual patient days. Minimum utilization days are calculated by multiplying the facility's bed days by the minimum utilization percent. Bed days are calculated by multiplying the number of beds licensed during the cost report period times the days in the cost report period. If the facility is removing the noncertified area revenues and expenses by completing a worksheet 1, bed days are calculated by multiplying the number of beds certified during the cost report period times the days in the cost report period.** In no case may costs disallowed under this provision be carried forward to succeeding periods.

(P) Central Office/Home Office or Management Company Costs. The allowability of the individual cost items contained within central office/home office or management company costs will be determined in accordance with all other provisions of this regulation. The total of central office/home office and/or management company costs, as reported on lines 129 and 130 of the cost report, version MSIR (7-93) **and lines 121 and 122 of CR (3-95)**, are limited to seven percent (7%) of gross revenues less contractual allowances.

(Q) Start-Up Costs. Expenses incurred prior to opening, as defined in HIM-15 as start-up costs, shall be amortized on a straight line method over sixty (60) months. The amortization shall be reported on the same line on the cost report as the original start-up costs are reported. For example, RN salary prior to opening would be amortized over sixty (60) months and would be reported on line 49, RN **of CR (7-93) and line 51 of CR (3-95)**.

(10) Provider Reporting and Record Keeping Requirements.

(A) Annual Cost Report.

1. Each provider shall adopt the same twelve (12)-month fiscal period for completing its cost report as is used for federal income tax reporting.

2. Each provider is required to complete and submit to the division an annual cost report, including all worksheets, attachments, schedules and requests for additional information from the division. The cost report shall be submitted on forms provided by the division for that purpose. Any substitute or computer generated cost report must have prior approval by the division.

3. All cost reports shall be completed in accordance with the requirements of this regulation and the cost report instructions. Financial reporting shall adhere to GAAP, except as otherwise specifically indicated in this regulation.

4. The cost report submitted must be based on the accrual basis of accounting. Governmental institutions operating on a cash or modified cash basis of accounting may continue to report on that basis, provided appropriate treatment for capital expenditures is made under GAAP.

5. Cost reports shall be submitted by the first day of the sixth month following the close of the fiscal period.

6. If a cost report is more than ten (10) days past due, payment shall be withheld from the facility until the cost report is submitted. Upon receipt of a cost report prepared in accordance with this regulation, the payments that were withheld will be released to the provider. For cost reports which are more than ninety (90) days past due, the department may terminate the provider's Medicaid participation agreement and if terminated retain all payments which have been withheld pursuant to this provision.

7. Copies of signed agreements and other significant documents related to the provider's operation and provision of care to Medicaid recipients must be attached (unless otherwise noted) to the cost report at the time of filing unless current and accurate copies have already been filed with the division. Material which must be submitted or available upon request includes, but is not limited to, the following:

A. Audit prepared by an independent accountant, including disclosure statements and management letter or SEC Form 10-K;

B. Contracts or agreements involving the purchase of facilities or equipment during the last seven (7) years if requested by the division, the department or its agents;

C. Contracts or agreements with owners or related parties;

D. Contracts with consultants;

E. Documentation of expenditures, by line item, made under all restricted and unrestricted grants;

F. Federal and state income tax returns for the fiscal year, if requested by the division, the department or its agents;

G. Leases and/or rental agreements related to the activities of the provider if requested by the division, the department or its agents;

H. Management contracts;

I. Medicare cost report, if applicable;

J. Review and compilation statement;

K. Statement verifying the restrictions as specified by the donor, prior to donation, for all restricted grants;

L. Working trial balance actually used to prepare the cost report with line number tracing notations or similar identifications; and

M. Schedule of capital assets with corresponding debt.

8. Cost reports must be fully, clearly and accurately completed. All required attachments must be submitted before a cost report is considered complete. If any additional information, documentation or clarification requested by the division or its authorized agent is not provided within fourteen (14) days of the date of receipt of the division's request, payments may be withheld from the facility until the information is submitted.

9. Under no circumstances will the division accept amended cost reports for rate determination or rate adjustment after the date of the division's notification of the final determination of the rate.

10. Exceptions*[—]***.** A cost report *[is]* **may** not **be** required for the following **if a provider requests a waiver in writing. Upon review of the provider's request, the division shall provide a written response, indicating its decision as to whether a waiver shall be granted.**

A. Out-of-state providers which provide less than one thousand (1,000) patient days of nursing facility services for Missouri Title XIX recipients, relative to their fiscal year*[;]***.**

B. Hospital based providers which provide less than one thousand (1,000) patient days of nursing facility services for Missouri Title XIX recipients, relative to their fiscal year*[; and]*.

C. **Change in provider status:**

(I) Providers which provide less than one thousand (1,000) patient days of nursing facility services for Missouri Title XIX recipients, relative to their fiscal year, and have less than a twelve (12)-month cost report due to a termination, change of ownership, or being newly Medicaid certified.

(II) Beginning in SFY 04, the division may waive the cost report filing requirement for the cost report resulting from a change of control, ownership or termination of participation in the Medicaid program if the old/terminating provider can show financial hardship in providing the cost report. The old/terminating provider must submit a written request to the division, indicating and providing documentation for the financial hardship caused by filing the cost report.

(III) Beginning in SFY 07, the division may waive the cost report filing requirement for the cost report resulting from a change of control or ownership of participation in the Medicaid program if the old and new providers can provide assurances satisfactory to the division that the new providers will submit a cost report in the calendar year in which the change occurred and that the cost report will cover at least a three (3)-month period. A written request jointly submitted by the old and new providers, indicating the new provider's fiscal year end and the dates that the cost report will cover, may provide adequate assurances.

11. Cost report requirements and withholding of funds for a change in provider status. A provider shall provide written notification to the assistant deputy director of the Institutional Reimbursement Unit of the division prior to a change of control, ownership or termination of participation in the Medicaid program. If a provider does not qualify for an exception for filing a cost report as detailed above in subparagraph (10)(A)10.C., the division may withhold payments due to the provider pending receipt of the required cost report. The cost report must be prepared in accordance with this regulation with all required attachments and documentation and is due the first day of the sixth month after the date of change of control, ownership or termination. Upon receipt of the fully completed cost report, any payments withheld will be released, less any amounts owed to the division such as unpaid NFRA, overpayments, etc.

A. If the division receives notification prior to the change of control, ownership or termination of participation in the Medicaid program, the division will withhold a minimum of thirty thousand dollars ($30,000) of the remaining payments from the old/terminating provider until the cost report is filed. Upon receipt of the cost report prepared in accordance with this regulation, any payments withheld will be released to the old/terminating provider, less any amounts owed to the division such as unpaid NFRA, overpayments, etc.

B. If the division does not receive notification prior to a change of control or ownership, the division will withhold thirty thousand dollars ($30,000) of the next available Medicaid payment from the provider identified in the current Medicaid participation agreement until the required cost report is filed. If the Medicaid payment is less than thirty thousand dollars ($30,000), the entire payment will be withheld. Upon receipt of the cost report prepared in accordance with this regulation, any payments withheld will be released to the provider identified in the current Medicaid participation agreement, less any amounts owed to the division such as unpaid NFRA, overpayments, etc.

C. The division may, at its discretion, delay the withholding of funds specified in subparagraphs (10)(A)11.A. and B. until the cost report is due based on assurances satisfactory to the division that the cost report will be timely filed. A request jointly submitted by the old and new provider may provide adequate assurances. The new provider must accept responsibility for ensuring timely filing of the cost report and authorize the division to immediately withhold thirty thousand dollars ($30,000) if the cost report is not timely filed.

[(E) Change in Provider Status.

1. If a provider notifies, in writing, the director of the Institutional Reimbursement Unit of the division prior to the change of control, ownership or termination of participation in the Medicaid program, the division will withhold all remaining payments from the selling provider until the cost report is filed. The fully completed cost report with all required attachments and documentation is due the first day of the sixth month after the date of change of control, ownership or termination. Upon receipt of a cost report prepared in accordance with this regulation, any payment that was withheld will be released to the selling provider.

2. If the director of the Institutional Reimbursement Unit does not receive, in writing, notification of a change of control or ownership and a cost report ending with the date of the change of control or ownership, upon learning of a change of control or ownership, thirty thousand dollars ($30,000) of the next available full month Medicaid payment, after learning of the change of control or ownership will be withheld from the provider identified in the current Medicaid participation agreement until a cost report is filed. If the Medicaid payment is less than thirty thousand dollars ($30,000), the entire payment will be withheld. Once the cost report, prepared in accordance with this regulation, is received the payment will be released to the provider identified in the current Medicaid participation agreement.

3. The Division of Medical Services may, at its discretion, delay the withholding of funds specified in paragraphs (10)(E)1. and 2. until the cost report is due based on assurances satisfactory to the division that the cost report will be timely filed. A request jointly submitted by the buying and selling provider may provide adequate assurances. The buying provider must accept responsibility for ensuring timely filing of the cost report and authorize the division to immediately withhold thirty thousand dollars ($30,000) if the cost report is not timely filed.

4. Waiver of cost report filing requirement for a change in provider status. Beginning in SFY 04, the division may waive the cost report filing requirement for the cost report resulting from a change of control, ownership or termination of participation in the Medicaid program if the selling/terminating operator can show financial hardship in providing the cost report. The selling/terminating operator must submit a written request to the division, indicating and providing documentation for the financial hardship caused by filing the cost report. Upon review of the selling/terminating operator's request, the division shall provide a written response, indicating its decision as to whether a waiver shall be granted.]

[(F)] **(E)** Joint Use of Resources.

1. If a provider has business enterprises in addition to the nursing facility, the revenues, expenses, statistical and financial records of each separate enterprise shall be clearly identifiable.

2. When the facility is owned, controlled or managed by an entity(ies) that own, control or manage one (1) or more other facilities, records of central office and other costs incurred outside the facility shall be maintained so as to separately identify revenues and expenses of, and allocations to, individual facilities. Direct allocation of cost, such as RN consultant, which can be directly identifiable in the

central office/home office cost and directly allocated to a facility by actual amounts or actual time spent. These direct costs shall be reported on the appropriate lines of the cost report. Allocation of central office/home office or management company costs to individual facilities should be consistent from year-to-year. If a desk audit or field audit establishes that records are not maintained so as to clearly identify information required by this regulation, those commingled costs shall not be recognized as allowable costs in determining the facility's Medicaid reimbursement rate. Allowability of these costs shall be determined in accordance with the provisions of this regulation.

(11) Cost Components and Per Diem Calculation. *[The division will use a cost report which has an ending date in calendar year 1992 which is on file with the division as of December 31, 1993. No amended cost report will be accepted after December 31, 1993. If a facility has more than one (1) cost report with periods ending in calendar year 1992, the cost report covering a full twelve (12)-month period ending in calendar year 1992 will be used. If none of the cost reports cover a full twelve (12) months, the cost report with the latest period ending in calendar year 1992 will be used.]* **The division will use the rate setting cost report to determine the nursing facility's per diem rate for each cost component, as set forth in this section, and its prospective rate, as continued and set forth in the remaining sections of the regulation.**

(A) Patient Care. Each nursing facility's patient care per diem shall be the lower of **the**—

1. Allowable cost per patient day for patient care as determined by the division from the *[1992 cost report trended by the HCFA Market Basket Index for 1993 of 3.9%, 1994 of 3.4% and nine months of 1995 of 3.3%, for a total of 10.6%]* **rate setting cost report, including applicable trends**; or

2. *[The p]***P**er diem ceiling of one hundred twenty percent (120%) of the patient care median determined by the division from the data bank.

(B) Ancillary. Each nursing facility's ancillary per diem will be the lower of **the**—

1. Allowable cost per patient day for ancillary as determined by the division from the *[1992 cost report, trended by the HCFA Market Basket Index for 1993 of 3.9%, 1994 of 3.4% and nine months of 1995 of 3.3%, for a total of 10.6%]* **rate setting cost report, including applicable trends**; or

2. *[The p]***P**er diem ceiling of one hundred twenty percent (120%) of the ancillary median determined by the division from the data bank.

(C) Administration. Each nursing facility's administration per diem shall be the lower of **the**—

1. Allowable cost per patient day for administration as determined by the division from the *[1992 cost report, trended by the HCFA Market Basket Index for 1993 of 3.9%, 1994 of 3.4% and nine months of 1995 of 3.3%, for a total of 10.6%]* **rate setting cost report, including applicable trends,** and adjusted for minimum utilization, if applicable, as described in subsection (7)(O); or

2. *[The p]***P**er diem ceiling of one hundred ten percent (110%) of the administration median determined by the division from the data bank. **The administration median shall be based on the administration per diems that have been adjusted for minimum utilization, if applicable, as described in subsection (7)(O).**

(D) Capital. Each nursing facility's capital per diem shall be determined using the fair rental value system *[as follows]* **(FRV), which consists of five (5) elements—rental value, return, computed interest, borrowing costs and pass-through expenses. The calculation for each element, as well as the overall capital per diem, is detailed below in paragraphs (11)(D)1.–6.**

1. Rental value.

A. Determine the total asset value.

(I) Determine facility size from the *[1992 desk audited and/or field audited]* **rate setting** cost report;

(II) Determine the number of increased licensed beds after the end of the facility's 1992 desk audited and/or field audited cost report but prior to July 1, 1994 **(this is only applicable for the 1992 initial rate base year for rates effective January 1, 1995)**;

(III) Determine the bed equivalency for renovations/major improvements *[prior to July 1, 1994]* **from the date facility was originally licensed through June 30, 1994 for the 1992 initial rate base year for rates effective January 1, 1995 or through the end of the rate setting period for prospective rates effective after January 1, 1995**, by taking the cost of the renovations/major improvements divided by the asset value per bed for the year of the renovation/major improvement rounded **down** to the nearest whole bed. The cost **of the renovation/major improvement** must be at least the asset value per bed for the year of the renovation/major improvement **for each bed equivalency**. For example, a renovations/major improvements **done in 1994 with a** cost of two hundred **twenty** thousand dollars *[($200,000)]* **($220,000)** is equal to six (6) beds. *([$200,000]* **$220,000**/$32,330 equals *[6.19]* **6.80** beds rounded **down** to 6 beds);

(IV) Determine the number of decreased licensed beds after the end of the facility's 1992 cost report but prior to July 1, 1994 **(this is only applicable for the 1992 initial rate base year for rates effective January 1, 1995)**; *[and]*

(V) **The Total Facility Size is the** *[S]*sum of (I), (II)*[,]* **and** (III) less (IV) *[times the asset value is the Total Asset Value]*.

(VI) The Total Asset Value is the total facility size times the asset value.

B. Determine the reduction for age**. The age of the beds is determined by subtracting the year the beds were originally licensed from the year relative to the end of the rate setting period. The reduction for age is determined** by multiplying the age of the beds by one percent (1%) up to **a maximum of** forty percent (40%). For multiple licensing dates, the result of the weighted average age calculation will be limited to forty percent (40%).

(I) The age of the beds for multiple licensing dates is calculated on a weighted average method rounded to the nearest whole year. For example, **using 1994 as the rate base year for** a facility with original licensure in 1977 of sixty (60) beds and an additional licensure of sixty (60) beds in 1982 and ten (10) beds in *[1993]* **1990**, the reduction is calculated as follows:

Licensure Year	Age	Beds	Age × Beds
1977	17	60	1020
1982	12	60	720
[1993	*1*	*10*	*10]*
1990	**4**	**10**	**40**
Total		130	*[1750]* **1780**

Weighted Average Age—*[1750]* **1780**/130 beds = *[13.5]* **13.69** years rounded to 14 years. This results in a reduction for age of the beds of 14%.

(II) The age of the beds for replacement beds is calculated on a weighted average method rounded to the nearest whole year with the oldest beds always being replaced first. For example, a facility with one hundred twenty (120) beds licensed in 1978 with replacement of sixty (60) beds in 1988, the reduction is calculated as follows:

Licensure Year	Age	Beds	Age × Beds
1978	16	60	960
1988	6	60	360
Total		120	1320

Weighted Average Age—1320/120 = 11**.00** years. This results in a reduction for age of the beds of 11%.

(III) The age of the beds for reductions in licensed beds is calculated on a weighted average method rounded to the nearest whole year with the oldest beds always being delicensed first. For example, a facility with original licensure in 1977 of sixty (60) beds, additional licensure of sixty (60) beds in 1982 and ten (10) beds in *[1993]* **1990** and a reduction of ten (10) beds in 1985, the reduction percentage is calculated as follows:

Licensure Year	**Age**	**Beds**	**Age × Beds**
1977	17	60	1020
1982	12	60	720
[1993	*1*	*10*	*10]*
1990	**4**	**10**	**40**
1985*	17	(10)	(170)
Total		120	*[1580]* **1610**

* *reduction of 1977 beds*

Weighted Average Age—*[1580]* **1610**/120 beds = *[13.2]* **13.41** years rounded to thirteen (13) years. This results in a reduction for age of the beds of 13%.

(IV) The age of the bed*[s]* equivalents for renovations/major improvements is calculated on a weighted average method rounded to the nearest whole year. For example, a one hundred twenty (120) bed facility licensed in 1978 undertakes two (2) renovations: $200,000 in 1983 and $100,000 in 1993. The asset value per bed is *[$32,330]* $**25,250 for 1983 and $32,039 for 1993**. The bed equivalency is *[six (6)]* **seven (7)** beds for 1983 and three (3) beds for 1993, the reduction percentage is calculated as follows:

Licensure/ Construction Year	**Age**	**Beds**	**Age × Beds**
1978	16	120	1920
[1983	*11*	*6*	*66*
1993	*6*	*1*	*3*
Total		*120*	*1320]*
1983	**11**	**7**	**77**
1993	**1**	**3**	**3**
Total		**130**	**2000**

Weighted Average Method—*[1989/129 = 15.42]* **2000/130 = 15.38** years rounded to 15 years. This results in a reduction for age of beds of 15%.

C. **Determine** *[T]***t**he facility asset value**.** *[is]* **The facility asset value is the total asset value set forth in** subparagraph (11)(D)1.A. less **the reduction for age set forth in** subparagraph (11)(D)1.B.

D. **Determine the rental value.** Multiply the facility asset value by two and one-half percent (2.5%) to determine the rental value. The two and one-half percent (2.5%) is based on a forty (40)-year life.

E. The following is an illustration of how subparagraphs (11)(D)1.A.**,** *[and]* B.**,** *[and (11)(D)1.]*C. and D. determine*[s]* the rental value:

(I) **Assumptions:**

1992 Rate Setting Cost Report	
Licensed beds	**170**
Bed equivalents	**4**
Total facility size	174 beds
Weighted average age of the beds	23 years
[Capital asset debt	*$2,371,094]*
Asset value	$ 32,330

(II) The total asset value is the product of the total facility size times the asset value;

Total facility size	174
Asset value	× $32,330
Total asset value	$5,625,420

(III) Facility asset value is total asset value less the reduction for age of the beds; and

Total asset value	**$5,625,420**
× Age of beds	**× 23%**
– Reduction for age (23%)	$1,293,847
Facility asset value	$4,331,573

(IV) Rental value is the facility asset value multiplied by 2.5%.

Facility asset value	**$4,331,573**
	× 2.5%
Rental value	$108,289

2. *[Rate of r]***R**eturn.

A. Reduce the facility asset value by the **necessary outstanding** capital asset debt **from the rate setting cost report**, but not less than zero (0), times the *[percentage]* **rate** of return. The *[percentage]* **rate** of return is the yield for the thirty (30)-year Treasury Bond as reported by the Federal Reserve Board *[and published in the Wall Street Journal for the week ending September 2, 1994, plus two percentage (2%) points. The rate is 7.48% for the week ending September 2, 1994, plus 2% for a total of 9.48%.]* **plus two percent (2%), as follows:**

(I) For the initial 1992 rate base year for rates effective for dates of service from January 1, 1995 through June 30, 2004, the rate of return shall be set using the yield for the thirty (30)-year Treasury Bond reported by the Federal Reserve Board and published in the *Wall Street Journal* for the week ending September 2, 1994, plus two percent (2%). The yield for the week ending September 2, 1994 is 7.48% plus 2% equals a total rate of return of 9.48%.

(II) For rates effective for dates of services beginning July 1, 2004, the rate of return is detailed in sections (20) and (21).

B. The debt associated with increases in licensed beds or renovations/major improvements after the end of the facility's 1992 desk audited and/or field audited cost report and prior to July 1, 1994, will be added to the capital asset debt from the 1992 desk audited and/or field audited cost report **(this is only applicable for the 1992 initial rate base year for rates effective January 1, 1995)**. The facility shall provide adequate documentation to support the additional debt as required in paragraph (7)*[(E)]***(F)**2. If adequate documentation is not provided to support the additional asset debt, it will be assumed to equal the facility asset value.

C. The following is an illustration of how subparagraph (11)(D)2.A. is calculated:

Facility asset value	$4,331,573
Capital asset debt	$2,371,094
	$1,960,479
[Percentage] **Rate** of return	× 9.48%
*[Rate of r]***R**eturn	$ 185,853

[3. Computed interest and pass through expenses.

A. Add property insurance (line 109) and property taxes (lines 111 and 112) trended by the HCFA Market Basket Index for 1993 of 3.9%, 1994 of 3.4% and nine months of 1995 of 3.3%, for a total of 10.6%. Also add interest subject to limits identified in subsection (7)(F). These lines are found in the cost report, version MSIR-1 (7-93).

B. The following is an illustration of how subparagraph (11)(D)3.A. is calculated:

Computed interest	*$207,840*

Insurance $ 7,594
Property taxes $ 40,548
Pass through expenses $ 48,142]

3. Computed interest.

A. Computed interest will be calculated by multiplying the lessor of the necessary outstanding capital asset debt from the rate setting cost report or the facility asset value as determined in subparagraph (11)(D)1.C. by the interest rate. The interest rate is the prime rate plus two percent (2%), as follows:

(I) For the initial 1992 rate base year for rates effective for dates of service from January 1, 1995 through June 30, 2004, the interest rate shall be set using the Chase Manhattan prime rate in effect on the first business day of September as published in the *Wall Street Journal*, plus two percent (2%). The prime rate effective September 1, 1994 is 7.75% plus 2% equals a total interest rate of 9.75%. For replacement beds, additional beds and new facilities placed in service after August 31, 1995, the prime rate will be updated annually on the first business day of each September based on the Chase Manhattan prime rate plus two (2) percentage points.

(II) For rates effective for dates of services beginning July 1, 2004, the interest rate is detailed in sections (20) and (21).

B. The following is an illustration of how computed interest is calculated:

	Example A: Facility Asset Value < Debt	Example B: Facility Asset Value > Debt
Assumptions:		
Facility asset value	$2,000,000	$4,331,573
Outstanding capital asset debt	$2,500,000	$2,371,094
Term of debt	25 years	25 years
Prime rate—September 2, 1994	7.75%	7.75%
Computed interest calculation:		
Facility asset value (Ex. A)	$2,000,000	
Outstanding capital asset debt (Ex. B)		$2,371,094
Interest rate (prime rate + 2%)	× 9.75%	× 9.75%
Computed interest	$ 195,000	$ 231,182

4. Borrowing costs.

A. A provider shall capitalize allowable borrowing costs and amortize them over the life of the loan on a straight-line basis.

B. If loans for capital asset debt exceed the facility asset value, the borrowing costs associated with the portion of the loan or loans which exceeds the facility asset value shall not be allowable.

C. The following is an illustration of how allowable borrowing costs are calculated, using the data from the interest calculation example detailed above in (11)(D)3.B.:

Assumptions:

Loan costs	= $120,000
Discount costs	= $125,000
Total borrowing costs	= $245,000

	Example A	Example B
Facility asset value	$2,000,000	$4,331,573
Outstanding capital asset debt	/ 2,500,000	/ 2,371,094
Percent of borrowing costs allowed	80%	100%
Borrowing costs	× $245,000	× $245,000
Allowable portion to be amortized	$196,000	$245,000
Term of debt	/ 25 years	/ 25 years
Allowable borrowing costs	$7,840	$9,800

5. Pass-through expenses.

A. Add the following pass-through expenses, including applicable trends:

(I) Property insurance – line 109 of CR (7-93) and line 107 of CR (3-95);

(II) Real estate taxes – line 111 of CR (7-93) and line 108 of CR (3-95);

(III) Personal property taxes – line 112 of CR (7-93) and line 109 of CR (3-95);

[4.] **6.** Capital **cost** component per*[-]* diem calculation. **A per diem is calculated for each element detailed above in paragraph (11)(D)1.–5. which are then added together to determine the total capital cost component per diem.**

A. **Rental value, return and computed interest per diems.** A per diem is calculated by dividing the *[sum of]* rental value, *[rate of]* **the** return and **the** computed interest by the **computed patient days, rounded to the nearest cent. Computed patient days are equal to the total facility size (i.e.,** number of **licensed** beds **plus bed equivalencies)** determined in *[subparagraph]* **part** (11)(D)1.A.**(V)** times three hundred sixty-five (365) adjusted by the greater of the minimum utilization as determined in subsection (7)(O) or the facility's occupancy from the *[1992 desk audited and/or field audited]* **rate setting** cost report. The following is an illustration of how **this** subparagraph (11)(D)*[4.]***6.**A. is calculated:

	Allowable Cost	*Computed Patient Days **	*Per Diem*
Rental value	$108,289	**56,079**	**$1.93**
*[Rate of r]***R**eturn	$185,853	**56,079**	**$3.31**
Computed interest **(from Ex. B)**	*[$207,840]* $**231,182**	**56,079**	**$4.12**
[Total	*$501,982*		
Divided by annualized patient days	*56,077*		
Capital per diem	*$ 8.98]*		

*** Computed patient days:**

Total facility size	**174**
× 365 days	**× 365**
Subtotal	**63,510**
Greater of minimum utilization or facility occupancy	**× 88.30% ****
Computed patient days	**56,079**

**** Assumption: facility occupancy from the rate setting cost report = 88.30%**

B. **Borrowing costs/pass-through expenses per diems.** A per diem is calculated by dividing the **borrowing costs and the** pass-through expenses by the greater of the minimum utilization **days** as determined in subsection (7)(O) or the facility's patient days from the *[1992 desk audited and/or field audited]* **rate setting** cost report**, rounded to the nearest cent**. The following is an illustration of how **this** subparagraph (11)(D)*[4.]***6.**B. is calculated:

	Allowable Cost	*Patient Days **	*Per Diem*
Borrowing costs (from Ex. B)	**$9,800**	**54,940**	**$0.18**
Pass-through expenses	$48,142	**54,940**	**$0.88**
[Patient days	*$55,146*		
Pass through per diem	*$ .87]*		

*** Patient days—the greater of:**

a. minimum utilization days = 170 × 366 × 85% = 52,887 (Note: 1992 is a leap year; therefore, 366 days are used); or

b. facility patient days = 54,940 (Assumption—this is the number of actual patient days reported on rate setting cost report)

C. The capital **cost** component per diem is the sum of **the per diems determined in** subparagraphs (11)(D)*[4.]***6.**A. and (11)(D)*[4.]***6.**B.

[Capital per diem	*$8.95*
Pass through per diem	*$ .87*
Total capital component per diem	*$9.82]*
Rental value	**$ 1.93**
Return	**$ 3.31**
Computed interest	**$ 4.12**
Borrowing costs	**$ 0.18**
Pass-through expenses	**$ 0.88**
Total capital cost component per diem	**$10.42**

(E) Working Capital Allowance. Each nursing facility's working capital per diem shall be equal to one and one-tenth (1.1) months of **the sum of** each facility's per diem for patient care, ancillary and administration times the *[Chase Manhattan prime rate on September 1, 1994, plus two (2) percentage points]* **interest rate set forth in (11)(D)3., rounded to the nearest cent.** The following is an illustration of how **this** subsection (11)(E) is calculated:

Patient care	*[$30.00]*	**$38.00**
Ancillary	*[$ 7.00]*	**$6.00**
Administration	*[$20.00]*	**$11.00**
Total per diem	*[$57.00]*	**$55.00**
Divided by 12 months	*[12]*	**12**
	[$ 4.75]	**$ 4.58**
Times 1.1 months	*[1.1]*	**1.1**
	[$ 5.23]	**$ 5.04**
Times **Interest Rate (**Prime + 2%**)** *[(Chase Manhattan plus 2%)]*	*[10%]*	**9.75%**
Working capital allowance per day	*[$ .52]*	**$ 0.49**

(F) The following is an illustration of how subsections (11)(A)–(E) determine the **total** per diem rate **for the cost components**:

	Allowable	**Cost Ceiling**	**Per Diem**
Patient Care	$38.00	$40.00	$38.00
Ancillary	$ 8.00	$ 6.00	$ 6.00
Administration	$12.00	$11.00	$11.00
Capital (FRV)		*[$ 9.82]*	**$10.42**
Working capital allowance		*[$ .52]*	**$0.49**
Total per diem		*[$65.34]*	**$65.91**

(12) Reimbursement Rate Determination. A facility's reimbursement rate shall be determined by the division as described in *[sections (11)–(14), subject to limitations prescribed elsewhere in]* this regulation. Any facility with an interim rate on December 31, 1994, shall be granted an interim rate effective for services on and after January 1, 1995, as prescribed in subsection (4)(EE), if applicable. A prospective rate determined from this regulation shall be retroactively effective for services beginning on the first day of the facility's second twelve (12)-month fiscal year but not earlier than January 1, 1995, and shall replace the interim on and after January 1, 1995.

(F) A facility entering the Medicaid program after December 31, 1994, shall receive an interim rate as defined in subsection (4)(EE) to be effective on the initial date of Medicaid certification. A prospective rate shall be determined in accordance with *[section (11)]* **this regulation** from the desk audited and/or field audited facility fiscal year cost report which covers the second full twelve (12)-month fiscal year following the facility's initial date of Medicaid certification. The HCFA Market Basket Index for 1993, 1994 and nine (9) months of 1995 will not be applied. This prospective rate shall be retroactively effective and shall replace the interim rate for services beginning on the first day of the facility's second full twelve (12)-month fiscal year.

(13) Adjustments to the Reimbursement Rates. Subject to the limitations prescribed elsewhere in this regulation, a facility's reimbursement rate may be adjusted as described in this section.

(A) Global Per Diem Rate Adjustments. A facility with either an interim rate or a prospective rate may qualify for the global per diem rate adjustments. Global per diem rate adjustments shall be added to the specified cost component ceiling.

1. FY-96 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1995, shall be granted an increase to their per diem effective October 1, 1995, of 4.6% of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1. and the property insurance and property taxes detailed in paragraph (11)(D)3. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of this regulation.

2. FY-97 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1996, shall be granted an increase to their per diem effective October 1, 1996, of 3.7% of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1. and the property insurance and property taxes detailed in paragraph (11)(D)3. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of this regulation.

3. NFRA. Effective October 1, 1996, all facilities with either an interim rate or a prospective rate shall have its per diem adjusted to include the current NFRA as an allowable cost in its reimbursement rate calculation.

4. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on November 1, 1996, shall be granted an increase to their per diem effective November 1, 1996, of two dollars and forty-five cents ($2.45) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the fifty-cent (50¢) increase, divided by the patient days for the facilities reporting hours for that payroll category and factored up by 8.67% to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator and assistant administrator.

5. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on September 1, 1997, shall be granted an increase to their per diem effective September 1, 1997, of one dollar and ninety-eight cents ($1.98) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the forty-cent (40¢) increase, divided by the patient days for the facilities reporting hours for that payroll category and factored up by 8.67% to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator and assistant administrator.

6. FY-98 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1997, shall be granted an increase to their per diem effective October 1, 1997, of 3.4% of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1. and the property insurance and property taxes detailed in paragraph (11)(D)3. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of this regulation.

7. FY-99 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1998, shall be granted an increase to their per diem effective October 1, 1998, of 2.1% of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., the property insurance and property taxes detailed in paragraph (11)(D)3. of this regulation and the minimum wage adjustments detailed in paragraphs (13)(A)4. and (13)(A)5.; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. that is in effect on October 1, 1998, shall have their increase determined by subsection (3)(S) of this regulation.

8. FY-2000 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 1999, shall be granted an increase to their per diem effective July 1, 1999, of 1.94% of the cost determined in subsections (11)(A), (11)(B), (11)(C), the property insurance and property taxes detailed in paragraph (11)(D)3. and the minimum wage adjustments detailed in paragraphs (13)(A)4. and (13)(A)5. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. that is in effect on July 1, 1999, shall have their increase determined by subsection (3)(S) of this regulation.

9. FY-2004 nursing facility operations adjustment—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2003, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2003 through June 30, 2004 of four dollars and thirty-two cents ($4.32) for the cost of nursing facility operations. Effective for dates of service beginning July 1, 2004, the per diem adjustment shall be reduced to three dollars and seventy-eight cents ($3.78).

B. The operations adjustment shall be added to the facility's current rate as of June 30, 2003 and is effective for payment dates after August 1, 2003.

10. FY-2007 quality improvement adjustment—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2006, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2006 of three dollars and seventeen cents ($3.17) to improve the quality of life for nursing facility residents.

B. The quality improvement adjustment shall be added to the facility's current rate as of June 30, 2006 and is effective for dates of service beginning July 1, 2006 and after.

11. FY-2007 trend adjustment.

A. Facilities with either an interim rate or a prospective rate in effect on February 1, 2007, shall be granted an increase to their per diem rate effective for dates of service beginning February 1, 2007 through June 30, 2007, of three dollars and zero cents ($3.00) to allow for a trend adjustment to ensure quality nursing facility services.

B. The trend adjustment shall be added to the facility's reimbursement rate as of January 31, 2007 and is effective for dates of service beginning February 1, 2007 through June 30, 2007 for payment dates after March 1, 2007.

C. Effective for dates of service beginning July 1, 2007, the three dollar and zero cents ($3.00) trend adjustment will no longer apply and the per diem rates shall be reduced by the three dollars and zero cents ($3.00).

(B) Special Per Diem Rate Adjustments. Special per diem rate adjustments may be added to a qualifying facility's rate without regard to the cost component ceiling if specifically provided as described below.

1. Patient care incentive. Each facility with a prospective rate on or after January 1, 1995, shall receive a per diem adjustment equal to ten percent (10%) of the facility's allowable patient care per diem subject to a maximum of one hundred thirty percent (130%) of the patient care median when added to the patient care per diem as determined in subsection (11)(A). This adjustment will not be subject to the cost component ceiling of one hundred twenty percent (120%) for the patient care median.

2. Ancillary incentive. Each facility with a prospective rate on or after January 1, 1995, and which meets one (1) of the following criteria shall receive a per diem adjustment:

A. If the facility's allowable ancillary per diem as determined in subsection (11)(B) is below ninety percent (90%) of the ancillary median, the adjustment is equal to one-half (1/2) of the difference between one hundred twenty percent (120%) and ninety percent (90%) of the ancillary median. The following is an illustration of how the ancillary per diem adjustment is calculated:

120% of median	$6.62
90% of median	$4.97
Difference	$1.65
1/2 the difference	2
Per diem adjustment	$ .83

B. If the facility's allowable ancillary per diem as determined in subsection (11)(B) is between ninety percent (90%) and one hundred twenty percent (120%) of the median, the adjustment is equal to one-half (1/2) of the difference between one hundred twenty percent (120%) of the median and the facility's allowable ancillary per diem. The following is an illustration of how the ancillary per diem adjustment is calculated:

90% of median	$4.97
120% of median	$6.62
Ancillary per diem	$5.21
Difference	$1.41
1/2 the difference	2
Per diem adjustment	$ .71

3. Multiple component incentive. Each facility with a prospective rate on or after January 1, 1995, and which meets the following criteria shall receive a per diem adjustment:

A. If the sum of the facility's patient care per diem and ancillary per diem, as determined in subsections (11)(A) and (B), is greater than or equal to sixty percent (60%) but less than or equal to eighty percent (80%), rounded to four (4) decimal places (.5985 or .8015 would not receive the adjustment), of the facility's total per diem, the adjustment is as follows:

Percent of Total Per Diem Rate	Incentive
< 60%	$0.00
> or = 60% but < 65%	$1.15
> or = 65% but < 70%	$1.30
> or = 70% but < 75%	$1.45
> or = 75% but < or 80% =	$1.60

B. A facility shall receive an additional incentive if it receives the adjustment in subparagraph (13)(B)3.A. and the following calculation is greater than seventy-five percent (75%), rounded to four (4) decimal places (.7485 would not receive the adjustment): Medicaid days divided by the licensed nursing facility patient days from the facility's desk audited and/or field audited 1992 cost report. The adjustment is as follows:

Calculated Percentage	Incentive
< 75%	$0.00
> or = 75% but < 80%	$0.15
> or = 80% but < 85%	$0.30
> or = 85% but < 90%	$0.45
> or = 90% but < 95%	$0.60
> or = 95%	$0.75

4. 1967 *Life Safety Code* (LSC). Currently certified nursing facilities that must comply with a recent interpretation of paragraph 10-133 of the 1967 LSC which requires corridor walls to extend to the roof deck or achieve equivalency under the Fire Safety Evaluation System (FSES) will be reimbursed the reasonable and necessary cost

to meet those standards required for compliance through their reimbursement rate. The reimbursement shall not be effective until the *[Division of Aging]* **Department of Health and Senior Services** has confirmed that the corrective action to comply with the 1967 LSC or FSES is operational and has reviewed the cost for compliance. Fire sprinkler systems shall be reimbursed over a depreciation life of twenty-five (25) years, and other alternative corrective action will be reimbursed over a depreciable life of fifteen (15) years. The division will use a desk audited and/or field audited cost report with the latest period ending in calendar year 1992 which is on file with the division as of December 31, 1993. This adjustment will be computed based on the documented cost submitted to the division as follows:

A. Depreciation. The cost incurred for the approved corrective action to continue in compliance divided by the depreciable useful life;

B. Interest. The interest cost incurred to finance this project shall be documented by a statement from the lending institution detailing the total interest cost of the loan period. The total interest cost will be divided by the loan period on a straight-line basis; and

C. The total of subparagraphs (13)(B)4.A. and B. will be divided by twelve (12) and then multiplied by the number of months covered by the 1992 cost report. This amount will be divided by the greater of actual patient days from the 1992 cost report or eighty-five percent (85%) of the licensed bed days from the 1992 cost report.

5. Any facility that had a 1967 LSC adjustment included in their December 31, 1994 reimbursement rate shall have that adjustment added to their January 1, 1995 reimbursement rate.

6. Replacement beds. A facility with a prospective rate in effect on or after January 1, 1995, may request a rate adjustment for replacement beds that resulted in the same number of beds being delicensed with the *[Division of Aging or the]* Department of Health **and Senior Services**. The facility shall provide documentation from the *[Division of Aging or the]* Department of Health **and Senior Services** that verifies the number of beds used for replacement have been delicensed from that facility. The rate adjustment will be calculated as the difference between the capital component per diem (fair rental value (FRV)) prior to the replacement beds being placed in service and the capital component per diem (FRV) including the replacement beds placed in service as calculated in subsection (11)(D) including the replacement beds placed in service. The capital component is calculated for the replacement beds using the asset value per licensed bed as determined using the R. S. Means Construction Index for nursing facility beds adjusted for the Missouri indexes for the date the replacement beds are placed in service.

7. Additional beds. A facility with a prospective rate in effect on or after January 1, 1995, may request a rate adjustment for additional beds. The facility must obtain an approved certificate of need or applicable waiver for the additional beds. The rate adjustment will be calculated as the difference between the capital component per diem (FRV) prior to the additional beds being placed in service and the capital component per diem (FRV) including the additional beds as calculated in subsection (11)(D) including the additional beds placed in service. The capital component is calculated for the additional beds using the asset value per licensed bed as determined using the R. S. Means Construction Index for nursing facility beds adjusted for the Missouri indexes for the date the additional beds are placed in service.

8. Extraordinary circumstances. A participating facility which has a prospective rate may request an adjustment to its prospective rate due to extraordinary circumstances. This request must be submitted in writing to the division within one (1) year of the occurrence of the extraordinary circumstance. The request must clearly and specifically identify the conditions for which the rate adjustment is sought. The dollar amount of the requested rate adjustment must be supported by complete, accurate and documented records satisfactory to the division. If the division makes a written request for additional information and the facility does not comply within ninety (90) days of the request for additional information, the division shall consider the request withdrawn. Requests for rate adjustments that have been withdrawn by the facility or are considered withdrawn because of failure to supply requested information may be resubmitted once for the requested rate adjustment. In the case of a rate adjustment request that has been withdrawn and then resubmitted, the effective date shall be the first day of the month in which the resubmitted request was made providing that it was made prior to the tenth day of the month. If the resubmitted request is not filed by the tenth of the month, rate adjustments shall be effective the first day of the following month. Conditions for an extraordinary circumstance are as follows:

A. When the provider can show that it incurred higher costs due to circumstances beyond its control, the circumstances were not experienced by the nursing home industry in general and the costs have a substantial cost effect;

B. Extraordinary circumstances include:

(I) Natural disasters such as fire, earthquakes and flood that are not covered by insurance and that occur in a federally declared disaster area; and

(II) Vandalism and/or civil disorder that are not covered by insurance; and

C. The rate increase shall be calculated as follows:

(I) The one (1)-time costs*[,]* (costs that will not be incurred in future fiscal years):

(a) To determine what portion of the incurred costs will be paid, the division will use the patient occupancy days from latest available quarterly occupancy survey from the *[Division of Aging]* **Department of Health and Senior Services** for the time period preceding when the extraordinary circumstances occurred; and

(b) The costs directly associated with the extraordinary circumstances will be multiplied by the above percent. This amount will be divided by the paid days for the month the rate adjustment becomes effective per paragraph (13)(B)8. This calculation will equal the amount to be added to the prospective rate for only one (1) month, which will be the month the rate adjustment becomes effective. For this one (1) month only, the ceiling will be waived.

(II) For ongoing costs (costs that will be incurred in future fiscal years): Ongoing annual costs will be divided by the greater of: annualized (calculated for a twelve (12)-month period) total patient days from the latest cost report on file or eighty-five percent (85%) of annualized total bed days. This calculation will equal the amount to be added to the respective cost center, not to exceed the cost component ceiling. The rate adjustment, subject to ceiling limits will be added to the prospective rate.

(III) For capitalized costs, a capital component per diem (FRV) will be calculated as determined in subsection (11)(D). The rate adjustment will be calculated as the difference between the capital component per diem (FRV) prior to the extraordinary circumstances and the capital component per diem (FRV) including the extraordinary circumstances.

9. Quality Assurance Incentive.

A. Each nursing facility with an interim or prospective rate on or after July 1, 2000, shall receive a per diem adjustment of three dollars and twenty cents ($3.20). The Quality Assurance Incentive adjustment will be added to the facility's current rate.

B. The Quality Assurance Incentive per diem increase shall be used to increase the expenditures to a nursing facility's direct patient care costs. Direct patient care costs include all expenses in the patient care cost component (i.e., lines 46 through 69 of Schedule B in the Title XIX Cost Report). Any increases in wages and benefits already codified in a collective bargaining agreement in effect as of July 1, 2000, will not be counted towards the expenditure requirements of the Quality Assurance Incentive as stated above. Nursing facilities with collective bargaining agreements shall provide such agreements to the division.

10. High volume adjustment. Effective for dates of service July 1, 2000, a high volume adjustment shall be granted to qualifying providers. A provider must qualify each July 1, the beginning of each state fiscal year (SFY), for the high volume adjustment and the adjustment will be effective for services rendered during the SFY,

July 1 through June 30. For a provider who has a high volume adjustment on June 30, but does not qualify for the high volume adjustment on July 1 of the subsequent SFY, that provider's prospective rate will be reduced by the amount of the high volume adjustment included in the facility's prospective rate in effect June 30.

A. Each facility with a prospective rate on or after July 1, 2000, and which meets all of the following criteria shall receive a per diem adjustment:

(I) Have on file at the division a full twelve (12)-month cost report ending in the third calendar year prior to the state fiscal year in which the adjustment is being determined (i.e., for SFY 2001, the third prior year would be 1998, for SFY 2002, the third prior year would be 1999, etc.);

(II) The Medicaid patient days as determined from the cost report identified in part (13)(B)10.A.(I) exceeds eighty-five percent (85%) of the total patient days for all nursing facility licensed beds;

(III) The allowable cost per patient day as determined by the division from the applicable cost report for the patient care, ancillary and administration cost components, as set forth in paragraphs (11)(A)1., (11)(B)1. and (11)(C)1., exceeds the per diem ceiling for each cost component in effect at the end of the cost report period; and

(IV) State owned or operated facilities shall not be eligible for this adjustment.

B. The adjustment will be equal to ten percent (10%) of the sum of the per diem ceilings for the patient care, ancillary and administration cost components in effect on July 1 of each year. Effective July 1, 2002, the adjustment shall not accumulate from year to year.

C. The division may reconstruct and redefine the qualifying criteria and payment methodology for the high volume adjustment.

D. Second tier high volume adjustment. Effective for dates of service July 1, 2002, a second tier high volume adjustment shall be granted to qualifying providers.

(I) If a nursing facility qualifies for the first tier high volume adjustment, as set forth above in subparagraph (13)(B)10.A., it may qualify for the second tier adjustment if it meets the following criteria:

(a) The Medicaid patient days as determined from the cost report identified in part (13)(B)10.A.(I) exceeds ninety-three percent (93%) of the total patient days for all nursing facility licensed beds;

(b) The allowable cost per patient day as determined by the division from the applicable cost report for the patient care cost component, as set forth in paragraph (11)(A)1., exceeds one hundred twenty percent (120%) of the per diem ceiling for the patient care cost component in effect at the end of the cost report period; and

(c) The allowable cost per patient day as determined by the division from the applicable cost report for the administration cost component, as set forth in paragraph (11)(C)1., is less than one hundred fifty percent (150%) of the per diem ceiling for the administration cost component in effect at the end of the cost report period.

(II) The second tier high volume adjustment will be calculated as a percentage, to be determined by the Department of Social Services, of the sum of the per diem ceilings for the patient care, ancillary and administration cost components in effect on July 1 of each year.

(a) The adjustment for State Fiscal Year 2003 shall be eighteen dollars and fifty-six cents ($18.56) per Medicaid day.

(b) The adjustment for SFY 2004 shall be nineteen dollars and seventy-one cents ($19.71) per Medicaid day.

(III) The adjustment shall be distributed based on a quarterly amount, in addition to per diem payments, based on Medicaid days determined from the paid day report from Missouri's fiscal agent for pay cycles during the immediately preceding state fiscal year.

(IV) The state share of the second tier high volume adjustment shall come from certified public funds. If the aggregate certified public funds are less than the state match required, the total aggregate second tier high volume adjustment will be adjusted downward accordingly.

(V) A nursing facility must qualify for the adjustment each year to receive the additional quarterly payments.

E. High volume adjustment for nursing facilities without a full twelve (12)-month cost report. Effective for dates of service on or after January 17, 2003, the full twelve (12)-month cost report requirement set forth in (13)(B)10.A.(I) shall include nursing facilities that have on file at the division two (2) partial year cost reports that when combined cover a full twelve (12)-month period.

F. Medicaid hospice days to be included in determination of Medicaid occupancy. Effective for dates of service on or after January 17, 2003, the Medicaid patient days used to determine the Medicaid occupancy requirement set forth in (13)(B)10.A.(II) shall be calculated by adding the days paid for by the Medicaid nursing facility program plus the days paid for by the Medicaid hospice program from the cost report identified in part (13)(B)10.A.(I).

G. State Fiscal Year (SFY) 2004 Ninety Percent (90%) Medicaid High Volume Grant.

(I) Effective for SFY 2004, additional, one (1) time funding shall be provided to nursing facilities that qualify for the first tier high volume adjustment, as set forth above in subparagraph (13)(B)10.A., and whose Medicaid patient days as determined from the cost report identified in part (13)(B)10.A.(I) exceeds ninety percent (90%) of the total patient days for all nursing facility licensed beds.

(II) The SFY 2004 High Volume Grant will be calculated as a per diem adjustment based upon the funding appropriated by the general assembly and the Medicaid days incurred by the qualifying providers during SFY 2003. The adjustment for State Fiscal Year 2004 shall be two dollars and thirty-six cents ($2.36) per Medicaid day.

(III) The adjustment shall be distributed based on a quarterly amount, in addition to per diem payments, based on Medicaid days determined from the paid days report from Missouri's fiscal agent for pay cycles during State Fiscal Year 2003.

H. High volume adjustment for nursing facilities placed in receivership.

(I) For facilities placed in receivership under Missouri law after December 31, 2001, the division shall make a determination as to whether the operator of the facility when the receivership ended (i.e., successor operator) is a related party to the facility placed in receivership. If the successor operator is determined to be an unrelated party and the facility was receiving the high volume adjustment prior to the receivership, the facility shall continue to receive the high volume adjustment during the receivership and until the adjustment is based on the first full year cost report prepared by the successor operator.

(II) Any adjustments contingent upon the facility qualifying for the high volume adjustment shall not be granted if the facility did not qualify for the high volume adjustment except as provided in (13)(B)10.G.(I) above.

(III) This provision only applies until the first full year cost report is available, after which the facility must qualify for the high volume adjustment each year as specified in (13)(B)10.A., B., and C. in order to receive it.

11. Minimum Rate Adjustment. A minimum rate adjustment shall be granted to qualifying providers, as follows:

A. Effective for dates of service beginning July 1, 2001, the minimum Medicaid reimbursement rate for nursing facility services shall be eighty-five dollars ($85).

(14) Exceptions.

(B) The Title XIX reimbursement rate for out-of-state providers shall be set by one (1) of the following methods:

1. For providers which provided services of less than one thousand (1,000) patient days for Missouri Title XIX recipients, the reimbursement rate shall be the rate paid for comparable services and level of care by the state in which the provider is located*[; or]*.

A. The reimbursement rate will remain in effect until:

(I) The division receives written notification of a change in the provider's rate as issued by the state Medicaid agency in which the provider is located. The provider must also include a copy of the rate letter issued by their state detailing the rate and effective date. If the provider notifies the division within thirty (30) days of receipt of notification from their state of the per diem rate change, the effective date of the rate change for purposes of reimbursement from Missouri shall be the same date as indicated in the issuing state's rate letter. If the division does not receive written notification from the provider within thirty (30) days of the date the provider received notification from their state of the rate change, the effective date of the rate change for purposes of reimbursement from Missouri shall be the first day of the month following the date the division receives notification; or

(II) The provider exceeds one thousand (1,000) patient days for Missouri Title XIX recipients. The provider must notify, in writing, the director of the Institutional Reimbursement Unit of the division if they have exceeded one thousand (1,000) patient days for Missouri Title XIX recipients within thirty (30) days of their fiscal year end. The provider will be required to submit a Missouri Title XIX cost report to the division by the first day of the sixth month following their fiscal year end. This cost report shall serve as the provider's rate setting cost report and the provider shall have their per diem rate set as detailed below in paragraph (14)(B)2.

2. For providers which provided services of one thousand (1,000) or more patient days for Missouri Title XIX recipients, the reimbursement rate shall be the lower of:

A. The rate paid for comparable services and level of care by the state in which the provider is located; or

B. The rate as calculated *[in sections (11)–(13)]* **based on the provider's rate setting cost report as determined from this regulation.**

(C) The Title XIX reimbursement rate for hospital based providers, which provide services of less than one thousand (1,000) patient days for Missouri Title XIX recipients, relative to their fiscal year, are exempt from filing a cost report as prescribed in section (10).

1. For hospital based nursing facilities that have less than one thousand (1,000) Medicaid patient days, the rate base cost report will not be required. The prospective rate will be the sum of the ceilings for patient care, ancillary and administration, working capital allowance, and the median per diem for capital. In addition, the patient care incentive of ten percent (10%) of the patient care median will be granted.

2. For hospital based nursing facilities with a provider agreement in effect on December 31, 1994, a prospective rate shall be set by one (1) of the following:

A. *[If t]***T**he hospital based nursing facility *[notifies the division]* **requests**, in writing, *[and request]* that their prospective rate be determined from their *[1992 desk audited and/or field audited]* **rate setting** cost report as *[defined]* **set forth** in *[sections (11)–(13)]* **this regulation**; or

B. The sum of the ceilings for patient care, ancillary, administration and working capital allowance, and the median per diem for capital from the permanent capital per diem in effect January 1, 1995 **for the initial rate base year; July 1, 2004 for the 2001 rebased year; and March 15, 2005 for the revised rebase calculations effective for dates of service beginning April 1, 2005 and for the per diem rate calculation effective for dates of service beginning July 1, 2005 forward**. In addition, the patient care incentive of ten percent (10%) of the patient care median will be granted.

(20) Rebasing of Nursing Facility Rates.

(E) Prospective Rate Determination for Newly Medicaid Certified Nursing Facilities. As set forth in subsection (12)(F), a nursing facility never previously certified for participation in the Medicaid program shall receive an interim rate upon entering the Medicaid program and have its prospective rate set on its second full twelve (12)-month cost report following the facility's initial date of certification. The prospective rate shall be calculated in accordance with the provisions of the regulation in effect from the beginning of the facility's rate setting period through the date the prospective rate is determined, as detailed below. If industry-wide rate changes were implemented during this period the provision of the regulation relating to the effective date of the rate change shall be the governing regulation for those dates of service. For example, for a rate setting period of January 1, 2004 through December 31, 2004, the facility's initial prospective rate effective January 1, 2004 shall be set in accordance with the regulations in effect at that time and rate changes that occurred after January 1, 2004 shall be calculated in accordance with the regulation applicable to each rate change throughout the period, as follows: the facility's initial prospective rate effective January 1, 2004 shall be set in accordance with the regulations in effect at that time (sections (1)–(19)); nursing facility rates were rebased effective July 1, 2004 per section (20); the rebase provisions were modified effective April 1, 2005 under subsection (20)(D); the per diem rate calculation effective for dates of service beginning July 1, 2005 are detailed in section (21); a quality improvement adjustment of three dollars and seventeen cents ($3.17) per day was granted effective July 1, 2006 in paragraph (13)(A)10.; etc.

1. A nursing facility that did not have a prospective rate established when rates were rebased on July 1, 2004, shall have its prospective rate for dates of service beginning on or after July 1, 2004 through June 30, 2005 established on the rate setting cost report in accordance with section (20), consistent with the rest of the nursing facility industry.

2. As set forth in (20)(B)1. and 2., a preliminary rebased rate shall be calculated and compared to the facility's current rate as of June 30, 2004, less the reduction in the nursing facility operations adjustment of fifty-four cents (54¢) effective July 1, 2004 as set forth in (13)(A)9., to determine the total increase resulting from the rebase. The NFRA shall not be included in the preliminary rebased rate or the current rate for comparison purposes in determining the total increase.

A. If the facility will have a prospective rate established on June 30, 2004 once the prospective rate setting process is complete, the prospective rate shall be the current rate for comparison purposes in determining the total increase.

B. If the facility will not have a prospective rate established on June 30, 2004 once the prospective rate setting process is complete, but has an interim rate as of June 30, 2004, the interim rate shall be the current rate for comparison purposes in determining the total increase.

3. If the preliminary rebased rate is greater than the current rate, the facility shall receive one-third of the total increase of the preliminary rebased rate over the current rate as of June 30, 2004, less the reduction in the nursing facility operations adjustment of fifty-four cents (54¢) effective July 1, 2004 as set forth in paragraph (13)(A)9. The one-third increase shall be added to the current rate as of June 30, 2004, less the reduction in the nursing facility operations adjustment of fifty-four cents (54¢) effective July 1, 2004 as set forth in paragraph (13)(A)9. The NFRA in effect shall be added to that total to determine the prospective rate.

4. If the preliminary rebased rate is less than the current rate, the facility's current rate plus the NFRA in effect shall become the prospective rate.

(21) Per Diem Rate Calculation Effective for Dates of Service Beginning July 1, 2005. Effective for dates of service beginning July 1, 2005, the rebase provisions set forth in section (20) shall not apply. Effective for dates of service beginning July 1, 2005, the per

diem rates shall be calculated using the same principles and methodology as detailed throughout sections (1)–(19) of this regulation, except that the data indicated in this section (21) shall be used.

(L) Prospective Rate Determination for Nursing Facilities Newly Medicaid Certified after June 30, 2004. As set forth in subsection (12)(F), a nursing facility never previously certified for participation in the Medicaid program shall receive an interim rate upon entering the Medicaid program and have its prospective rate set on its second full twelve (12)-month cost report following the facility's initial date of certification. The prospective rate shall be calculated in accordance with the provisions of the regulation in effect from the beginning of the facility's rate setting period through the date the prospective rate is determined, as detailed below. If industry-wide rate changes were implemented during this period the provision of the regulation relating to the effective date of the rate change shall be the governing regulation for those dates of service. For example, for a rate setting period of January 1, 2006 through December 30, 2006, the facility's initial prospective rate effective January 1, 2006 shall be set in accordance with the regulations in effect at that time and rate changes that occurred after January 1, 2006 shall be calculated in accordance with the regulation applicable to each rate change throughout the period, as follows: the facility's initial prospective rate effective January 1, 2006 shall be set in accordance with the regulations in effect at that time, section (21) (i.e., the per diem rate calculation effective for dates of service beginning July 1, 2005 are detailed in section (21)); a quality improvement adjustment of three dollars and seventeen cents ($3.17) per day was granted effective July 1, 2006 in paragraph (13)(A)10.; etc.

1. A nursing facility never previously certified for participation in the Medicaid program that originally enters the Medicaid program after June 30, 2004 shall have its prospective rate for dates of service beginning on or after July 1, 2005 calculated in accordance with the provisions of section (21), consistent with the rest of the nursing facility industry. The following items shall be updated annually and shall be used in determining the prospective rate, as follows:

A. Asset value. The asset value used to determine the capital cost component, as set forth in subsection (11)(D), shall be adjusted annually based upon the RS Means Building Construction Cost Data published each year using the "Historical Cost Indexes" table. The asset value for the year relative to the end of the rate setting period shall be used.

B. Age of beds. The age of the beds shall be calculated by subtracting the year the beds were originally licensed from the year relative to the end of the rate setting period.

C. Interest rate. The interest rate used in determining the capital cost component and working capital allowance, as set forth in subsections (7)(F), (11)(D), and (11)(E), shall be updated annually using the prime rate reported by the Federal Reserve and published in the *Wall Street Journal* on the first business day of June of each year plus two percent (2%). The interest rate in effect at the end of the rate setting period shall be used.

2. A preliminary rate at the beginning of the rate setting period shall be calculated using the same principles and methodology as detailed throughout sections (1)–(19) of this regulation and the updated items detailed in section (21).

3. The preliminary rate at the beginning of the rate setting period shall be compared to the interim rate at the beginning of the rate setting period to determine the total increase. The NFRA shall not be included in the preliminary rate or the interim rate for comparison purposes in determining the total increase.

A. If the preliminary rate at the beginning of the rate setting period is greater than the interim rate at the beginning of the rate setting period, the facility shall receive one-third of the total increase of the preliminary rate over the interim rate. The one-third increase shall be added to the facility's interim rate at the beginning of the rate setting period. The NFRA in effect shall be added to the total and shall be the facility's prospective rate effective the beginning of the rate setting period.

B. If the preliminary rate at the beginning of the rate setting period is less than the interim rate at the beginning of the rate setting period, the facility's interim rate plus the NFRA in effect shall become the prospective rate effective the beginning of the rate setting period.

(M) Prospective Rate Determination for Previously Medicaid Certified Nursing Facilities Reentering the Medicaid Program. As set forth in subsection (12)(G), a nursing facility that was previously certified for participation in the Medicaid Program and either voluntarily or involuntarily terminated from the Medicaid Program which then reenters the Medicaid Program shall have its prospective rate established as the rate in effect on the day prior to the date of termination from participation in the program plus rate adjustments which may have been granted subsequent to the termination date but prior to reentry into the program. The prospective rate for nursing facilities that reentered the Medicaid Program after nursing facility rates were rebased July 1, 2004 shall be calculated as follows:

1. If there is a 2001 cost report for the nursing facility, regardless of the owner/operator who completed the 2001 cost report, the prospective rate shall be based on the 2001 cost report in accordance with section (21).

2. If there is not a 2001 cost report for the nursing facility, the prospective rate in effect when the facility terminated from the program shall be adjusted to reflect the rate changes granted through June 30, 2004 and shall be the current rate to be compared to the preliminary rebased interim rate to determine the total increase, the one-third increase and the rebased prospective rate, in accordance with section (21), consistent with the rest of the nursing facility industry.

*AUTHORITY: sections 208.153, 208.159 and 208.201, RSMo 2000 and CCS for SCS for HCS for HB 1011, 93rd General Assembly, HB 1011 Appropriation Bill in Code. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 21, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 15, 1994, effective July 30, 1995. For intervening history, please consult the **Code of State Regulations**. Amended: Filed March 30, 2007.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately $10,994,127 for SFY 2007.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PUBLIC COST

I. RULE NUMBER

Rule Number and Name	13 CSR 70-10.015 Prospective Reimbursement Plan for Nursing Facility Services
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
DSS/DMS	Estimated cost: SFY 2007 = $10,994,127

III. WORKSHEET

SFY 2007:

Estimated Paid Days Impacted: SFY 2007	3,664,709
x Rate Increase	$3.00
Total Estimated Impact: SFY 2007	$10,994,127
State Share	$4,221,745
Federal Share (61.60%)	$6,772,382

IV. ASSUMPTIONS

Estimated Paid Days:

The estimated paid days for SFY 2007 are based on the actual Medicaid days paid for nursing facility services during SFY 2006, increased by 0.5% for 2007. The estimated paid days for SFY 2007 are prorated for the dates of service beginning February 1, 2007 through June 30, 2007.

Total Estimated Annual Paid Days: SFY 2007	8,800,000
Less HIV Estimated Annual Paid Days: SFY 2007	4,700
NF Estimated Annual Paid Days: SFY 2007	8,795,300
Divided by 12 months	12
Estimated Monthly Paid Days: SFY 2007	732,942
Multiplied by Months Remaining in SFY 2007	5
Estimated Paid Days Impacted: SFY 2007	3,664,709

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 10—Nursing Home Program

PROPOSED AMENDMENT

13 CSR 70-10.080 Prospective Reimbursement Plan for HIV Nursing Facility Services. The division is adding paragraph (13)(A)7. and deleting the forms following the rule from the *Code of State Regulations*.

PURPOSE: This amendment provides for a per diem increase to HIV nursing facility reimbursement rates by granting a trend adjustment resulting in an increase of three dollars and zero cents ($3.00) effective for dates of service beginning February 1, 2007 through June 30, 2007.

(13) Adjustments to the Reimbursement Rates. Subject to the limitations prescribed elsewhere in this regulation, a facility's reimbursement rate may be adjusted as described in this section.

(A) Global Per Diem Rate Adjustments. A facility with either an interim rate or a prospective rate may qualify for the global per diem rate adjustments. Global per diem rate adjustments shall be added to the specified cost component ceiling.

1. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on September 1, 1997, shall be granted an increase to their per diem effective September 1, 1997, of one dollar and ninety-eight cents ($1.98) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the forty-cent (40¢) increase, divided by the patient days for the facilities reporting hours for that payroll category and factored up by 8.67% to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator and assistant administrator.

2. FY-98 negotiated trend factor.

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1997, shall be granted an increase to their per diem effective October 1, 1997, of 3.4% of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1. and the property insurance and property taxes detailed in paragraph (11)(D)3. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of this regulation.

3. FY-99 negotiated trend factor.

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1998, shall be granted an increase to their per diem effective October 1, 1998, of 2.1% of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., the property insurance and property taxes detailed in paragraph (11)(D)3. of this regulation and the minimum wage adjustment detailed in paragraph (13)(A)1.; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. that is in effect on October 1, 1998, shall have their increase determined by subsection (3)(S) of this regulation.

4. FY-2000 negotiated trend factor.

A. Facilities with either an interim rate or prospective rate in effect on July 1, 1999, shall be granted an increase to their per diem effective July 1, 1999, of 1.94% of the cost determined in subsections (11)(A), (11)(B), (11)(C), the property insurance and property taxes detailed in paragraph (11)(D)3. and the minimum wage adjustment detailed in paragraph (13)(A)1. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. that is in effect on July 1, 1999, shall have their increase determined by subsection (3)(S) of this regulation.

5. FY-2004 nursing facility operations adjustment.

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2003, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2003 through June 30, 2004 of four dollars and thirty-two cents ($4.32) for the cost of nursing facility operations. Effective for dates of service beginning July 1, 2004, the per diem adjustment shall be reduced to three dollars and seventy-eight cents ($3.78).

B. The operations adjustment shall be added to the facility's current rate as of June 30, 2003 and is effective for payment dates after August 1, 2003.

6. FY-2007 quality improvement adjustment.

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2006, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2006 of three dollars and seventeen cents ($3.17) to improve the quality of life for nursing facility residents.

B. The quality improvement adjustment shall be added to the facility's current rate as of June 30, 2006 and is effective for dates of service beginning July 1, 2006 and after.

7. FY-2007 trend adjustment.

A. Facilities with either an interim rate or a prospective rate in effect on February 1, 2007, shall be granted an increase to their per diem rate effective for dates of service beginning February 1, 2007 through June 30, 2007, of three dollars and zero cents ($3.00) to allow for a trend adjustment to ensure quality nursing facility services.

B. The trend adjustment shall be added to the facility's reimbursement rate as of January 31, 2007 and is effective for dates of service beginning February 1, 2007 through June 30, 2007 for payment dates after March 1, 2007.

C. Effective for dates of service beginning July 1, 2007, the three dollar and zero cents ($3.00) trend adjustment will no longer apply and the per diem rates shall be reduced by the three dollars and zero cents ($3.00).

AUTHORITY: sections 208.153 and 208.201, RSMo 2000, CCS for SCS for HCS for HB 1011, 93rd General Assembly. Original rule filed Aug. 1, 1995, effective March 30, 1996. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed March 30, 2007.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately five thousand eight hundred ninety-five dollars ($5,895) for SFY 2007.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PUBLIC COST

I. RULE NUMBER

Rule Number and Name	13 CSR 70-10.080 Prospective Reimbursement Plan for HIV Nursing Facility Services
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
DSS/DMS	Estimated cost: SFY 2007 = $5,895

III. WORKSHEET

SFY 2007:

Estimated Paid Days Impacted: SFY 2007	1,965
x Rate Increase	$3.00
Total Estimated Impact: SFY 2007	$5,895
State Share	$2,264
Federal Share (61.60%)	$3,631

IV. ASSUMPTIONS

Estimated Paid Days:

The estimated paid days for SFY 2007 are based on the actual Medicaid days paid for nursing facility services during SFY 2006, increased by 0.5% for 2007. The estimated paid days for SFY 2007 are prorated for the dates of service beginning February 1, 2007 through June 30, 2007.

Total Estimated Annual Paid Days: SFY 2007	4,716
Divided by 12 months	12
Estimated Monthly Paid Days: SFY 2007	393
Multiplied by Months Remaining in SFY 2007	5
Estimated Paid Days Impacted: SFY 2007	1,965

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 700—Licensing
Chapter 4—Utilization Review

PROPOSED AMENDMENT

20 CSR 700-4.100 Utilization Review. The department is amending section (1), deleting section (2), amending and renumbering section (3), renumbering sections (4), (5), (6) and (7), amending section (7), adding a new section (8), and deleting the forms that follow the rule in the *Code of State Regulations*.

PURPOSE: This amendment enables the department to provide necessary forms more readily, eliminates prior redundant language in the regulation, and allows the department to notify last known clients of agents who do not renew their licenses.

(1) A utilization review agent may not conduct utilization review in this state without a certificate of registration issued by the director **of the Department of Insurance, Financial Institutions and Professional Registration (the director)**. The application for a certificate shall be submitted **to the department** on the form *[set forth in Exhibit A]* **approved by this rule**. The application shall be signed by the applicant or, if the applicant is a corporation, by an officer or, if the applicant is a partnership, by one (1) of the partners. The application shall be accompanied by an application fee of one thousand dollars ($1,000).

[(2) The application for a certificate of registration shall be submitted on the form set forth in Exhibit A. The application shall be signed by the applicant or, if the applicant is a corporation, by an officer or, if the applicant is partnership, by one (1) of the partners. The application shall be accompanied by an application fee of one thousand dollars ($1,000).]

[(3)] **(2)** Each application for renewal shall—

(A) Be submitted on the form *[set forth in Exhibit A]* **approved by this rule**;

[(B) Contain a verified statement describing any material changes in the information filed by the utilization review agent on its original application for certificate of registration; and]

[(C)] **(B)** Be accompanied by a renewal fee of five hundred dollars ($500). The certificate of registration issued to a utilization review agent shall be renewed annually on or before the anniversary date of the initial certificate as shown on the original certification*[.]*; **and**

(C) Be accompanied by a list of the utilization review agent's current clients and contact information for each such client.

[(4)] **(3)** Failure to renew a certificate of registration in a timely manner shall result in a fine as set forth in section 374.280, RSMo.

[(5)] **(4)** Pursuant to sections 374.046 and 374.512, RSMo, the director may take action against any utilization review agent doing business in this state without a certificate of registration in violation of section 374.503, RSMo, even if the principal place of business of the utilization review agent is located in another state.

[(6)] **(5)** Any utilization review agent doing business in this state under a name other than its true name shall file with the director a copy of all documents, including the authorization from the Missouri Secretary of State which shows the legal authority for the utilization review agent to use such other name. Even though multiple names may be registered with the Missouri Secretary of State, the utilization review agent must choose only one (1) authorized name for a certificate of authority to conduct business as a utilization review agent.

(6) Per section 374.510, RSMo, the minimum requirements for sections 376.1350 to 376.1399, RSMo, shall apply to utilization review agents. Such requirements include, but are not limited to, the following:

(A) Any medical director who administers the utilization review program or oversees the review decisions shall be a qualified health care professional licensed in the state of Missouri. A licensed clinical peer shall evaluate the clinical appropriateness of adverse determinations;

(B) Utilization review decisions shall be made and issued in a timely manner pursuant to the requirements of sections 376.1363, 376.1365 and 376.1367, RSMo;

(C) A utilization review agent shall provide health plan enrollees and health plan participating providers with timely access to its review staff by a toll-free number;

[(7)] **(D) When conducting utilization review, the utilization review agent shall collect only the information necessary to certify the admission, procedure or treatment, length of stay, frequency and duration of services.** No utilization review agent shall require or request a Federal Drug Enforcement Administration Number or a Missouri Controlled Substance Registration Number from any provider*[.]***;**

(E) Compensation to persons providing utilization review services for a utilization review agent shall not contain direct or indirect incentives for such persons to make medically inappropriate review decisions. Compensation to any such persons may not be directly or indirectly based on the quantity or type of adverse determinations rendered;

(F) If a utilization review agent is responsible for pre-approving any covered benefits or services, then the utilization review agent shall issue a confirmation number to the enrollee when it authorizes the provision of health care services; and

(G) If a utilization review agent authorizes the provision of health care services, the utilization review agent shall not subsequently retract its authorization after the health care services have been provided, or reduce payment for an item or service furnished in reliance on approval, unless:

1. Such authorization is based on a material misrepresentation or omission about the treated person's health condition or the cause of the health condition; or

2. The health benefit plan terminates before the health care services are provided; or

3. The covered person's coverage under the health benefit plan terminates before the health care services are provided.

(7) The following form has been adopted and approved for filing with the department:

(A) Utilization Review Agent Application for Certificate of Registration ("Form UR1"), or any form which substantially comports with the specified form.

(8) The department on request will supply in printed format the forms listed in this rule. Accurate reproduction of the forms may be utilized for filing in lieu of the printed forms. All application forms referenced herein are available at http://www.insurance.mo.gov.

AUTHORITY: sections 374.515 [RSMo 1994] and 376.1399, RSMo 2000. Emergency rule filed Nov. 1, 1991, effective Nov. 11, 1991, expired March 10, 1992. Original rule filed Nov. 1, 1991, effective May 14, 1992. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed March 28, 2007.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on June 6, 2007 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment, until 5:00 p.m. on June 6, 2007. Written statements shall be sent to Kevin Hall, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2040—Office of Athletics
Chapter 3—Ticket Procedures

PROPOSED RULE

20 CSR 2040-3.030 Approval of Nationally Recognized Amateur Sanctioning Bodies

PURPOSE: This rule provides requirements to obtain approval to sanction amateur mixed martial arts events.

(1) An amateur sanctioning body seeking the approval of the office shall file a written application for approval. The office will provide an application form on request; however, use of the form is optional. An applicant shall provide supplemental information or affidavits establishing facts upon request within any reasonable time limit set by the office. Failure to timely respond to a request for supplemental information or affidavits shall be deemed to be a withdrawal of the application.

(2) An application for approval shall include evidence of the amateur sanctioning body's national reputation.

(3) The office has observed that the nationally recognized sanctioning bodies with which it is familiar meet the following standards, and shall only approve those proposed nationally recognized amateur sanctioning bodies that meet the following requirements:

(A) The proposed nationally recognized amateur sanctioning body has a legal existence; it is incorporated or otherwise legally recognized under the laws of its domicile and is authorized to conduct business in Missouri. In the alternative, a proposed nationally recognized sanctioning body may irrevocably appoint the director of the Division of Professional Registration as its agent for service of process for all purposes in Missouri;

(B) The proposed nationally recognized amateur sanctioning body has rules that provide for the exclusion of professionals from its competitions;

(C) The proposed nationally recognized sanctioning body has rules that provide for the medical safety and care of its participants. At a minimum, the proposed nationally recognized sanctioning body has polices and procedures that:

1. Insure that bouts do not unreasonably endanger the health of competitors by requiring pre-bout physicals, excluding the medically unfit from competition, requiring the attendance of physicians at ringside, restricting the types of blows that can be delivered, limiting the time and frequency of bouts, and such other conditions recommended by medical advisors; and

2. Assure that payment for necessary emergency care for injuries sustained in competition in sanctioned events is available by, for example, purchasing insurance for events or requiring proof that competitors are medically insured;

(D) The proposed nationally recognized amateur sanctioning body has rules that provide for cooperation with the Office of Athletics that include:

1. The prompt investigation and resolution of complaints from participants, interested persons, and the office;

2. A policy of cooperation with the office, which at the least includes;

A. Advanced notification to the office of sanctioned events occurring in Missouri;

B. Admission of office officials without charge to any sanctioned event, and any portion of the venue;

C. Self-report to the office of any violation of the body's rules arising out of an event in Missouri;

D. A policy requiring all participants, officials, and the body itself to appear at reasonable times before the office and truthfully answer any lawful inquiry of the office; and

E. Sharing the dispositions of complaints with the office, upon request; and

3. A system of review that assures that the body fairly applies its rules; and

(E) The proposed nationally recognized amateur sanctioning body has rules that require the identification of the sanctioning body on all advertisements for events held in Missouri, at the site of any Missouri event, and upon all programs or handbills distributed at any Missouri event.

(4) The approval of a nationally recognized amateur sanctioning body expires on the thirtieth day of June in even numbered years. Renewal shall be allowed upon application meeting the requirements of this rule.

(5) The office may decline to approve a nationally recognized amateur sanctioning body, or censure, probate, suspend or revoke the approval of a nationally recognized amateur sanctioning body as provided in section 317.015.1, RSMo.

AUTHORITY: section 317.006.1, RSMo 2000. Original rule filed March 27, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649 or via email at athletic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2040—Office of Athletics
Chapter 4—Licensees and Their Responsibilities

PROPOSED AMENDMENT

20 CSR 2040-4.090 Contestants. The board is amending subsections (1)(A) and (2)(A).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Effective September 30, 2006 the chapters of the rules were re-numbered in the ***Code of State Regulations*** *to implement this transfer. This amendment corrects the reference to 4 CSR within the text of the rule.*

(1) An applicant applying for a license as a contestant shall:

(A) Complete an application as required in section (2) of *[4 CSR 40-2.011]* **20 CSR 2040-2.011**. Any person who provides incorrect information in an application for license as a contestant may be disciplined by the office;

(2) A contestant applying for renewal of a license **shall**:

(A) Complete an application as required in section (2) of *[4 CSR 40-2.011]* **20 CSR 2040-2.011**. Any person who provides incorrect information in an application for license as a contestant may be disciplined by the office;

AUTHORITY: sections 317.006 and 317.015, RSMo 2000. This rule originally filed as 4 CSR 40-4.090. Original rule filed April 30, 1982, effective Sept 11, 1982. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed March 27, 2007.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649 or via email at athletic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2235—State Committee of Psychologists
Chapter 2—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2235-2.040 Supervised Professional Experience, Section 337.025, RSMo, for the Delivery of Psychological Health Services. The board is amending section (1).

PURPOSE: This amendment requires residents who are in a postdoctoral training period only practice the psychology profession to accumulate hours toward licensure as a psychologist. Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. This amendment corrects the reference to 4 CSR within the text of the rule.

(1) Postdoctoral experience for those applicants who have completed a program in one or more of the American Psychological Association designated health service provider delivery areas, as defined in *[4 CSR 235-1.015(10)]* **20 CSR 2235-1.015(10)**, and who intend to seek health service provider certification, or who intend to principally engage in the delivery of psychological health services shall be governed by the following:

(A) Completion of Educational Requirements. All supervised professional experience must be acquired subsequent to the completion of all educational requirements as defined in section 337.027, RSMo. For the purposes of this rule, an applicant shall be deemed to have met the educational requirements when all degree and core course requirements, as defined in *[4 CSR 235-2.005]* **20 CSR 2235-2.005**, have been completed. Degree requirements have been met when indicated by conferral of the formal degree or at the time when all degree requirements established by the recognized educational institution for the degree have been met with the sole exception that the degree has not been formally conferred and the institution so certifies in writing to the committee;

(B) Amount of Time.

1. Postdoctoral supervised professional experience shall consist of a minimum of fifteen hundred (1,500) hours of professional experience in the delivery of psychological health services obtained in no fewer than twelve (12) or more than twenty-four (24) calendar months. This experience must be accumulated at a rate of no fewer than twenty (20) hours per week nor more than fifty (50) hours per week.

2. The supervisee must obtain the supervised experience in the same organized training program unless otherwise approved by the committee*[;]***.**

3. Persons under supervision to satisfy the postdoctoral supervised professional experience may not claim hours obtained through the independent practice nor the supervised practice of another profession;

(I) Representation.

1. Throughout the period of postdoctoral supervised professional experience, the supervisee must represent him/herself to consumers of psychological services consistent with *[4 CSR 235-1.015]* **20 CSR 2235-1.015**.

2. Any individual, whether such individual be provisionally licensed or be unlicensed, who is working under the supervision of a licensed psychologist shall not be listed in telephone listings as providing psychological services.

3. Any individual, whether such individual be provisionally licensed or be unlicensed, who is working under the supervision of a licensed psychologist shall list the primary supervising psychologist's name and license number on all professional correspondence (for example, testing reports and progress reports) and advertisements or notices (for example, brochures) of his/her professional services.

*AUTHORITY: sections 337.025 and 337.050.9, RSMo [Supp. 1998] **2000**. This rule originally filed as 4 CSR 235-2.040. Original rule filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-2.040, effective Aug. 28, 2006. Amended: Filed March 27, 2007.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Missouri State Committee of Psychologists, Pam Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102-0613, by facsimile at (573) 526-0661 or via email to scop@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 5—Wildlife Code: Permits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-5.460 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-5.460 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-5.460 Licensed Hunting Preserve Hunting Permit

PURPOSE: This amendment adds mallard ducks to the authorized species which can be hunted under this permit.

To pursue, take, possess and transport only legally obtained and captive-reared: pheasants, exotic partridges, quail, mallard ducks, and ungulates (hoofed animals) from a licensed hunting preserve. Fee: ten dollars ($10).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 5—Wildlife Code: Permits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-5.465 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-5.465 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-5.465 Three-Day Licensed Hunting Preserve Hunting Permit

PURPOSE: This amendment adds mallard ducks to the authorized species which can be hunted under this permit.

To pursue, take, possess and transport only legally obtained and captive-reared: pheasants, exotic partridges, quail, mallard ducks, and ungulates (hoofed animals) from a licensed hunting preserve. Fee: five dollars ($5) for three (3) consecutive days.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.105 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-9.105 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-9.105 General Provisions

PURPOSE: This amendment adds mallard ducks to the list of species authorized for use in game bird hunting preserves and for dog training. In some cases, a Class I wildlife breeder permit will be needed to hold mallard ducks.

(2) Confined wildlife held under permit within the provision of this chapter shall include only those species listed on the following Approved Confined Wildlife Species List:

Approved Confined Wildlife Species List

Species Code No.	Common Name	Scientific Name
Class I Wildlife Breeders		
Game Birds		
	Ducks, Mallard	*Anas platyrhynchos*
	Grouse, Blue	*Dendragapus obscurus*
	Grouse, Greater Sage-	*Centrocercus urophasianus*
	Grouse, Gunnison Sage-	*Centrocercus minimus*
	Grouse, Ruffed	*Bonasa umbellus*
	Grouse, Sharp-tailed	*Tympanuchus phasianellus*
	Grouse, Spruce	*Falcipennis canadensis*
	Partridge, Gray	*Perdix perdix*
	Pheasant, Ring-necked (all subspecies)	*Phasianus colchicus*
	Ptarmigan, Rock	*Lagopus mutus*
	Ptarmigan, White-tailed	*Lagopus leucurus*
	Ptarmigan, Willow	*Lagopus lagopus*
	Quail, Bobwhite (all subspecies)	*Colinus virginianus*
	Quail, California	*Callipepla californica*
	Quail, Gamble's	*Callipepla gambelii*
	Quail, Mountain	*Oreortyx pictus*
	Quail, Scaled	*Callipepla squamata*
	Turkey, Wild (all subspecies)	*Melagris gallopava*
Mammals		
	Armadillo, Nine-banded	*Dasypus novemcinctus*
	Badger	*Taxidea taxus*
	Beaver	*Castor canadensis*
	Bobcat	*Lynx rufus*
	Chipmunk, Eastern	*Tamias striatus*
	Coyote	*Canis latrans*
	Deer, Mule	*Odocoileus hemionus*
	Deer, White-tailed	*Odocoileus virginianus*
	Fox, Gray	*Urocyon cinereoargenteus*
	Fox, Red	*Vulpes vulpes*
	Groundhog (Woodchuck)	*Marmota monax*
	Mink	*Mustela vison*
	Muskrat	*Ondatra zibethicus*
	Opossum	*Didelphis virginiana*
	Otter, River	*Lontra canadensis*
	Rabbit, Eastern Cottontail	*Sylvilagus floridanus*
	Rabbit, Swamp	*Sylvilagus aquaticus*
	Raccoon	*Procyon lotor*
	Squirrel, Eastern Gray	*Sciurus carolinensis*
	Squirrel, Fox	*Sciurus niger*
	Squirrel, Franklin's Ground	*Spermophilus franklinii*
	Squirrel, Thirteen-lined Ground	*Spermophilus tridecemlineatus*
	Squirrel, Southern Flying	*Glaucomys volans*
	Weasel, Least	*Mustela nivalis*
	Weasel, Long-tailed	*Mustela frenata*
Amphibians		
Salamanders		
	Newt, Central	*Notophthalmus viridescens*
	Salamander, Tiger	*Ambystoma tigrinum*
Frogs and Toads		
	Bullfrog	*Rana catesbeiana*
	Frog, Green (Bronze)	*Rana clamitans*
	Frog, Southern Leopard	*Rana sphenocephala*
	Toad, American	*Bufo americanus*
	Treefrog, Eastern (Cope's) Gray	*Hyla versicolor/chrysoscelis*
	Treefrog, Green	*Hyla cinerea*
Reptiles		
Turtles		
	Cooter, River	*Pseudemys concinna*
	Slider, Red-eared	*Trachemys scripta elegans*

Species Code No.	Common Name	Scientific Name
	Softshell, Smooth	*Apalone mutica*
	Softshell, Spiny	*Apalone spinifera*
	Turtle, Ornate Box	*Terrapene ornate*
	Turtle, Alligator Snapping	*Macrochelys temminckii*
	Turtle, Common Map	*Graptemys geographica*
	Turtle, Common Musk (Stinkpot)	*Sternotherus odoratus*
	Turtle, Common Snapping	*Chelydra serpentine*
	Turtle, Mississippi Mud	*Kinosternon subrubrum*
	Turtle, Southern Painted	*Chrysemys picta dorsalis*
	Turtle, Three-toed Box	*Terrapene carolina triunguis*
	Turtle, Western Painted	*Chrysemys picta belli*
Lizards		
	Lizard, Eastern Collared	*Crotaphytus collaris*
	Lizard, Prairie (Fence)	*Sceloporus consobrinus* (*undulates*)
	Lizard, Slender Glass	*Ophisaurus attenuatus*
	Lizard, Texas Horned	*Phrynosoma cornutum*
	Skink, Five-lined	*Eumeces fasciatus*
Snakes		
	Bullsnake	*Pituophis catenifer sayi*
	Kingsnake, Prairie	*Lampropeltis calligaster*
	Kingsnake, Speckled	*Lampropeltis getula holbrooki*
	Snake, Black Rat	*Elaphe obsoleta obsoleta*
	Snake, Eastern Garter	*Thamnophis sirtalis sirtalis*
	Snake, Eastern Hog-nosed	*Heterodon platirhinos*
	Snake, Great Plains Rat	*Elaphe guttata emoryi*
	Snake, Red Milk	*Lampropeltis triangulum syspila*
	Snake, Red-sided Garter	*Thamnophis sirtalis parietalis*
	Snake, Western Hog-nosed (Dusty and Plains)	*Heterodon nasicus*
Class II Wildlife Breeders		
	Bear, Black (& hybrids)	*Ursus americanus*
	Copperhead	*Agkistrodon contortrix*
	Cottonmouth	*Agkistrodon piscivorus*
	Lion, Mountain (& hybrids)	*Puma concolor*
	Rattlesnake, Pygmy	*Sistrurus miliarius*
	Rattlesnake, Timber (Canebrake)	*Crotalus horridus*
	Wolf, Gray (& hybrids)	*Canis lupus*
Game Bird Hunting Preserves		
	Ducks, Mallard	*Anas platyrhynchos*
	Partridges, Exotic (all species)	All species
	Pheasants (all species)	All species
	Quail (all species)	All species
Big Game Hunting Preserves		
	Antelope, Pronghorn	*Antilocapra americana*
	Boar, Wild (including feral hogs, razorback hogs, European boars and other pig species)	
	Caribou (Reindeer)	*Rangifer tarandus*
	Deer, Fallow	*Dama dama*
	Deer, Mule	*Odocoileus hemionus*
	Deer, Red	*Cervus* species
	Deer, Sika	*Cervus nippon*
	Deer, White-tailed	*Odocoileus virginianus*
	Elk	*Cervus elaphus*
	Goat, Mountain	*Oreamnos americanus*
	Moose	*Alces alces*
	Sheep, Bighorn	*Ovis canadensis*
	Sheep, Dall	*Ovis dalli*
	Ungulates (other species)	deer, antelope deer, goats, sheep, etc.

Species Code No.	Common Name	Scientific Name
Wildlife Hobby		
	Badger	*Taxidea taxus*
	Beaver	*Castor canadensis*
	Bobcat	*Lynx rufus*
	Coyote	*Canis latrans*
	Fox, Gray	*Urocyon cinereoargenteus*
	Fox, Red	*Vulpes vulpes*
	Groundhog (Woodchuck)	*Marmota monax*
	Mink	*Mustela vison*
	Muskrat	*Ondatra zibethicus*
	Opossum	*Didelphis virginiana*
	Otter, River	*Lontra canadensis*
	Pheasant, Ring-necked (all subspecies)	*Phasianus colchicus*
	Quail, Bobwhite (all subspecies)	*Colinus virginianus*
	Rabbit, Eastern Cottontail	*Sylvilagus floridanus*
	Rabbit, Swamp	*Sylvilagus aquaticus*
	Raccoon	*Procyon lotor*
	Squirrel, Eastern Gray	*Sciurus carolinensis*
	Squirrel, Fox	*Sciurus niger*
	Weasel, Least	*Mustela nivalis*
	Weasel, Long-tailed	*Mustela frenata*
Wildlife Collector's Permit		
	Species and numbers of each are limited to those specified on the permit.	
Resident Falconry Permit		
	Birds of prey as permitted under 3 CSR 10-9.422.	
Hound Running Area Operator and Dealer Permit		
	Coyote	*Canis latrans*
	Fox, Gray	*Urocyon cinereoargenteus*
	Fox, Red	*Vulpes vulpes*
Field Trial Permit		
	Ducks, Mallard	*Anas platyrhynchos*
	Partridges, Exotic (all species)	All species
	Pheasants (all species)	
	Quail (all species)	
Dog Training Area Permit		
	Ducks, Mallard	*Anas platyrhynchos*
	Partridges, Exotic (all species)	
	Pheasants (all species)	
	Quail (all species)	

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.220 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-9.220 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-9.220 Wildlife Confinement Standards

PURPOSE: This amendment clarifies that enclosures for captive-reared migratory waterfowl must be designed to prevent escape to surrounding properties, provides for mallard flight exercise, and reinforces federal marking requirements for waterfowl.

(1) Cages, pens or other enclosures for confining wild animals shall be well braced, securely fastened to the floor or ground, covered with a top as required and constructed with material of sufficient strength to prevent escape. Animals may not be released to the wild and must be confined at all times in cages, pens or enclosures except in lead or drag races or birds held under a falconry permit or as otherwise permitted in this chapter. Except for unweaned young, Class II wildlife and bobcat, American badger, coyote, red fox and gray fox may not roam freely anywhere within a residence or inhabited dwelling. The following requirements shall be met:

(E) Facilities for holding captive-reared migratory waterfowl must be designed to prevent escape to surrounding properties and managed to prevent contact with non-captive migratory waterfowl. Captive-reared mallard ducks may be temporarily released for flight exercise beginning one (1) hour after sunrise. Facilities must be designed to re-capture such ducks, and a reasonable effort must be made to re-capture them by one (1) hour after sunset each day.

(F) Captive-reared mallard ducks must be physically marked prior to six (6) weeks of age by removal of the hind toe from the right foot, or by tattooing of a readily discernible number or letter or combination thereof on the web of one (1) foot. Other captive-reared migratory waterfowl must be physically marked prior to six (6) weeks of age by at least one (1) of the following methods and as provided in federal regulations.

1. Removal of the hind toe from the right foot.

2. Pinioning of a wing; provided that this method shall be the removal of the metacarpal bones of one (1) wing or a portion of the metacarpal bones which renders the bird permanently incapable of flight.

3. Banding of one (1) metatarsus with a seamless metal band.

4. Tattooing of a readily discernible number or letter or combination thereof on the web of one (1) foot.

NOTE: *(For federal regulations on migratory waterfowl, see Title 50, Parts 20 and 21 of the* ***Code of Federal Regulations****.)*

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.353 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-9.353 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-9.353 Privileges of Class I and Class II Wildlife Breeders

PURPOSE: This amendment provides for regulations for captive-reared migratory waterfowl in addition to federal regulations, including provisions for hunting captive-reared mallard ducks as provided in federal regulations and 3 CSR 10-9.565, 3 CSR 10-9.625, or 3 CSR 10-9.628 of this Code. In addition this amendment makes regulations consistent with the Department of Agriculture concerning chronic wasting disease testing of elk, elk-hybrids, mule deer and white-tailed deer.

(7) All captive-reared migratory waterfowl must be confined and marked as prescribed in 3 CSR 10-9.220. No state permit shall be required of individuals holding captive-reared migratory waterfowl under valid federal authorization; except that a Class I wildlife breeder permit or a licensed hunting preserve permit is required if captive-reared mallard ducks are held for the purpose of sale to or use in hunting preserves, field trials, or dog training areas, as prescribed in this chapter. Captive-reared mallard ducks may not be hunted except as prescribed in 3 CSR 10-9.565, 3 CSR 10-9.625 or 3 CSR 10-9.628 of this Code, and federal regulations.

NOTE: *(For federal regulations on migratory waterfowl, see Title 50, Parts 20 and 21 of the* ***Code of Federal Regulations****.)*

(11) All elk, elk-hybrids, mule deer, and white-tailed deer, defined as Class I wildlife in 3 CSR 10-9.230, introduced into a Class I wildlife breeder operation shall meet the following requirements:

(B) Animals must meet all state and federal chronic wasting disease testing requirements.

(C) Animals imported into Missouri must come from a herd that is enrolled and has achieved a status five (5) or higher in a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program—five (5) years of surveillance, advancement, and successful completion of program requirements.

(D) Animals from within Missouri must come from a herd comprised of animals enrolled in a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program.

(12) Effective January 1 of each year, one hundred percent (100%) of all elk, elk-hybrids, mule deer, and white-tailed deer, defined as Class I wildlife in 3 CSR 10-9.230, over twelve (12) months of age that die of any cause within a Class I wildlife breeder operation, shall be tested for chronic wasting disease at a federally approved laboratory, up to an annual total of ten (10) animals in the aggregate; except that one hundred percent (100%) of all elk, elk-hybrids, mule deer and white-tailed deer that are imported into Missouri that die of any

cause within a Class I wildlife breeder operation shall be tested for chronic wasting disease at a federally approved laboratory.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.560 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-9.560 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-9.560 Licensed Hunting Preserve Permit

PURPOSE: This amendment adds mallard ducks to the species of game birds that may be used on licensed hunting preserves.

(1) To maintain and operate a licensed hunting preserve and to buy, propagate, hold in captivity, hunt and sell only legally obtained and captive-reared: pheasants, exotic partridges, quail, mallard ducks, and ungulates (hoofed animals).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.565 is amended.

This rule establishes provisions for hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-9.565 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-9.565 Licensed Hunting Preserve: Privileges

PURPOSE: This amendment adds captive-reared mallard ducks to the list of game birds authorized for use on licensed game bird hunting preserves and establishes regulations for such use. This amendment also eliminates the requirement to release a minimum number of birds per acre on game bird hunting preserves. In addition, this amendment makes regulations consistent with the Department of Agriculture concerning chronic wasting disease testing of elk, elk-hybrids, mule deer and white-tailed deer.

(1) Licensed hunting preserves are subject to inspection by an agent of the department at any reasonable time. Animal health standards and movement activities shall comply with all state and federal regulations. Any person holding a licensed hunting preserve permit may release on his/her licensed hunting preserve only legally obtained and captive-reared: pheasants, exotic partridges, quail, mallard ducks, and ungulates (hoofed animals) for shooting throughout the year, under the following conditions:

(A) Game Bird Hunting Preserve.

1. A game bird hunting preserve shall be a single body of land not less than one hundred sixty (160) acres and no more than six hundred forty (640) acres in size. Game bird hunting preserves may be dissected by public roads, and shall be posted with signs specified by the department.

2. Only legally obtained and captive-reared: pheasants, exotic partridges, quail and mallard ducks may be used on game bird hunting preserves.

3. Permits for game bird hunting preserves will not be issued:

A. For areas within five (5) miles of any location where there is an ongoing department game bird release program or where the most recent release of department game birds has been made less than five (5) years prior to receipt of the application.

B. In any location where those activities are considered by the department as likely to further jeopardize any species currently designated by Missouri or federal regulations as threatened or endangered wildlife.

C. For preserves using captive-reared mallard ducks, within five (5) miles of the following areas:

(I) Bob Brown Conservation Area
(II) Clarence Cannon National Wildlife Refuge
(III) Columbia Bottom Conservation Area
(IV) Coon Island Conservation Area
(V) Duck Creek Conservation Area
(VI) Eagle Bluffs Conservation Area
(VII) Fountain Grove Conservation Area
(VIII) Four Rivers Conservation Area
(IX) Grand Pass Conservation Area
(X) B. K. Leach Memorial Conservation Area
(XI) Marais Temps Clair Conservation Area
(XII) Mingo National Wildlife Refuge
(XIII) Montrose Conservation Area
(XIV) Nodaway Valley Conservation Area
(XV) Otter Slough Conservation Area
(XVI) Schell-Osage Conservation Area
(XVII) Settle's Ford Conservation Area
(XVIII) Squaw Creek National Wildlife Refuge
(XIX) Swan Lake National Wildlife Refuge
(XX) Ted Shanks Conservation Area
(XXI) Ten Mile Pond Conservation Area

4. Mallard ducks must be held in covered facilities that meet standards specified in 3 CSR 10-9.220, and may be possessed, released and used on game bird hunting preserves only under the following conditions:

A. Mallard ducks may be taken, possessed, transported, and stored only as provided in this Code and federal regulations.

B. Mallard ducks must be physically marked prior to six (6) weeks of age by removal of the hind toe from the right foot, or by tattooing of a readily discernible number or letter or combination thereof on the web of one (1) foot.

C. Mallard ducks may be temporarily released for the sole purpose of flight training beginning one (1) hour after sunrise each day. Covered facilities must be designed to re-capture such ducks, and a reasonable effort must be made to re-capture them by one (1) hour after sunset each day.

D. Mallard ducks may be released and taken only from September 1 through February 15 by hunting methods from one (1) hour after sunrise to one (1) hour before sunset, and only non-toxic shot may be used. Covered facilities must be designed and managed to re-capture any unharvested mallard ducks, and a reasonable effort must be made to re-capture ducks by one (1) hour after sunset each day.

E. Ducks which are not captive-reared may not be hunted on preserves using captive-reared mallard ducks, and all waterfowl except captive-reared mallard ducks must be flushed from the immediate hunting area prior to hunting activity.

5. Any person taking or hunting game birds on a licensed hunting preserve shall have in his/her possession a valid small game hunting permit or licensed hunting preserve hunting permit, except that persons fifteen (15) years of age or younger, when accompanied by a properly licensed adult hunter, and residents sixty-five (65) years of age and older, may hunt without permit. Licensed hunting preserve hunting permits may be issued to persons without requiring display of a hunter education certificate card for use on game bird hunting preserves; provided s/he is hunting in the immediate presence of a properly licensed adult hunter who has in his/her possession a valid hunter education certificate card.

6. Game birds, other than captive-reared mallard ducks, may be taken in any number on a hunting preserve and may be possessed and transported from the preserve only when accompanied by a receipt listing the date, number and species taken, and name of the hunting preserve; or when accompanied by an approved transportation sticker for each game bird taken. Transportation stickers must be purchased from the department by the hunting preserve permit holder.

7. Captive-reared mallard ducks may be taken in any number on a hunting preserve and may be possessed and transported from the preserve only when accompanied by a receipt listing the date, number and species taken, and the hunting preserve permit holder's name and address. In addition, the marked foot must remain attached to mallard ducks.

8. The hunting preserve permit holder may exercise privileges provided in 3 CSR 10-9.353 for game birds held under this permit in propagation or holding facilities within or directly adjacent to the game bird hunting preserve. Propagation or holding facilities may be separated from the hunting preserve by a public road, but must be directly adjacent. Any such propagation or holding facilities shall meet standards specified in 3 CSR 10-9.220. Other propagation or holding facilities not contained within or directly adjacent to the hunting preserve are not covered under the privileges of this rule.

NOTE: *(See rule 3 CSR 10-7.440, and for federal regulations on migratory waterfowl, see Title 50, Parts 20 and 21 of the* ***Code of Federal Regulations****.)*

(B) Big Game Hunting Preserve.

1. A big game hunting preserve for ungulates shall be a fenced single body of land, not dissected by public roads, and not less than three hundred twenty (320) acres and no more than three thousand two hundred (3,200) acres in size. The hunting preserve shall not be cross-fenced into portions of less than three hundred twenty (320) acres. The hunting preserve shall be fenced so as to enclose and contain all released game and exclude all hoofed wildlife of the state from becoming a part of the enterprise and posted with signs specified by the department. Fence height shall meet standards specified in 3 CSR 10-9.220. Fencing for hogs shall be constructed of twelve (12) gauge woven wire, at least five feet (5') high, and topped with one (1) strand of electrified wire. An additional two feet (2') of such fencing shall be buried and angled underground toward the enclosure interior. A fence of equivalent or greater strength and design to prevent the escape of hogs may be substituted with written application and approval by an agent of the department.

2. All elk, elk-hybrids, mule deer, and white-tailed deer introduced into a big game hunting preserve shall meet the following requirements:

A. Animals shall be tagged or marked in a method allowing each individual animal to be uniquely identified.

B. Animals must meet all state and federal chronic wasting disease testing requirements.

C. Animals imported into Missouri must come from a herd that is enrolled and has achieved a status five (5) or higher in a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program—five (5) years of surveillance, advancement, and successful completion of program requirements.

D. Animals from within Missouri must come from a herd comprised of animals enrolled in a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program.

3. Effective January 1 of each year, one hundred percent (100%) of all elk, elk-hybrids, mule deer, and white-tailed deer over twelve (12) months of age that die of any cause within a big game hunting preserve operation, shall be tested for chronic wasting disease at a federally approved laboratory, up to an annual total of ten (10) animals in the aggregate; except that one hundred percent (100%) of all elk, elk-hybrids, mule deer and white-tailed deer that are imported into Missouri that die of any cause within a big game hunting preserve shall be tested for chronic wasting disease at a federally approved laboratory.

4. All permits issued by the state veterinarian's office allowing cervids to enter Missouri and all chronic wasting disease test results must be kept by the permittee and are subject to inspection by an agent of the department at any reasonable time. All test results documenting a positive case of chronic wasting disease shall be reported immediately to an agent of the department.

5. The permittee may exercise privileges provided in 3 CSR 10-9.353 only for species held within breeding enclosure(s) contained within or directly adjacent to the big game hunting preserve. Any such breeding enclosure(s) shall meet standards specified in 3 CSR 10-9.220. Breeding enclosures may be separated from the hunting preserve by a public road, but must be directly adjacent. Other breeding enclosures not contained within or directly adjacent to the hunting preserve are not covered under the privileges of this rule.

6. Any person taking or hunting ungulates on a big game hunting preserve shall have in his/her possession a valid licensed hunting preserve hunting permit. The permittee shall attach to the leg of each ungulate taken on the hunting preserve a locking leg seal furnished by the department, for which the permittee shall pay ten dollars ($10) per one hundred (100) seals. Any packaged or processed meat shall be labeled with the licensed hunting preserve permit number.

7. Animal health standards and movement activities shall comply with all state and federal regulations.

8. Big game hunting preserve permittees shall report escaped animals immediately to an agent of the department.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.625 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-9.625 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-9.625 Field Trial Permit

PURPOSE: This amendment limits possession of captive-reared mallard ducks for field trials to ten (10) days prior to and ten (10) days after a trial.

(6) For game bird field trials:

(A) Designated shooters, under the field trial permit, may shoot only legally obtained and captive-reared: quail, pheasants, exotic partridges and mallard ducks. The permit holder may purchase quail, pheasants, and mallard ducks no more than ten (10) days prior to a trial and hold them no longer than ten (10) days after a trial.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.627 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-9.627 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-9.627 Dog Training Area Permit

PURPOSE: This amendment adds captive-reared mallard ducks to the species which may be utilized under this permit.

To operate a dog training area, and to purchase, hold, release and shoot on the training area only legally obtained and captive-reared: pheasants, exotic partridges, quail, and mallard ducks. Fee: twenty dollars ($20).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.628 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-9.628 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-9.628 Dog Training Area: Privileges

PURPOSE: This amendment adds captive-reared mallard ducks to the species which may be utilized under this permit and clarifies requirements for marking mallard ducks to comply with state and federal requirements.

(1) A dog training area permit is required to operate a dog training area, and to purchase, hold, release and shoot on the training area only legally obtained and captive-reared: pheasants, exotic partridges, quail and mallard ducks. Captive-reared mallard ducks may be taken, possessed, transported, and stored only as provided in this chapter and federal regulations. Such ducks must be physically marked prior to six (6) weeks of age by removal of the hind toe from the right foot, or by tattooing of a readily discernible number or letter or combination thereof on the web of one (1) foot. Receipts for all game birds purchased or held must be maintained, and are subject to inspection by an authorized agent of the department at any reasonable time.

(2) Game birds held for more than twenty-four (24) hours must be confined in covered facilities that meet standards specified in 3 CSR 10-9.220. For mallard ducks, such facilities must be designed and managed to immediately re-capture any unharvested ducks.

(3) Dog training areas shall be a single tract of land not more than forty (40) acres in size and posted with signs, which sign is included herein, specified by the department. Multiple dog training area permits may be issued for a single tract of land.

(4) Shooting privileges shall be limited to the individual dog training area permit holder and not more than two (2) training assistants, whose names shall be listed on the permit application and the dog training area permit. All shooters shall possess the prescribed hunting permit. Only non-toxic shot may be used for taking mallard ducks.

(5) Game birds taken while dog training, other than mallard ducks, may be possessed and transported from the area only when accompanied by a receipt listing the date, number and species taken, and the dog training area permit holder's name and permit number; or when accompanied by an approved transportation sticker for each game bird taken. Transportation stickers must be purchased from the department by the dog training area permit holder.

(6) Captive-reared mallard ducks taken while dog training may be possessed and transported from the area only when accompanied by a receipt listing the date, number and species taken, and dog training

area permit holder's name and permit number. In addition, the marked foot must remain attached to mallard ducks.
NOTE: *(For federal regulations on migratory waterfowl, see Title 50, Parts 20 and 21 of the* ***Code of Federal Regulations****.)*

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 11—Wildlife Code: Special Regulations for Department Areas

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-11.125 is amended.

This rule establishes provisions associated with hunting of captive-reared mallard ducks and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-11.125 by establishing a hunting season for captive-reared mallard ducks.

3 CSR 10-11.125 Field Trials

PURPOSE: This amendment limits possession of captive-reared mallard ducks for field trials to ten (10) days prior to and ten (10) days after a trial, and makes an editorial change for clarification.

(4) For game bird field trials:

(A) Designated shooters, under the field trial special use permit, may shoot only legally obtained and captive-reared: quail, pheasants, exotic partridges and mallard ducks. The permit holder may purchase quail, pheasants, and mallard ducks no more than ten (10) days prior to a trial and hold them no longer than ten (10) days after a trial.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed March 19, 2007, effective **April 1, 2007**.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 30—Division of Administrative and Financial Services
Chapter 261—School Transportation

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 163.161, 165.121 and 304.060, RSMo 2000 and 161.092, 162.700 and 167.231, RSMo Supp. 2006, the board amends a rule as follows:

5 CSR 30-261.040 Allowable Costs for State Transportation Aid **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 2, 2007 (32 MoReg 26–32). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The State Board of Education received a comment from one (1) director of transportation on the proposed amendment.

COMMENT: The comment received was in support of the proposed regulation changes, specifically the changes that affect the transportation of students that reside less than one (1) mile from school. Due to the location of the school, for many years the board has weighed the penalty against the potential hazards and felt the safety of the students far outweighed the added costs.
RESPONSE: No response. No changes have been made to the rule as a result of this comment.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 50—Division of School Improvement
Chapter 350—State Programs

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 160.545 and 161.092, RSMo Supp. 2006, the board amends a rule as follows:

5 CSR 50-350.040 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 2, 2007 (32 MoReg 33–38). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The board received ten (10) letters of comments on the proposed amendment.

COMMENT: Ten (10) comments opposed the amendment requiring students to be responsible for coursework dropped. Two (2) comments proposed using institutional and federal guidelines for determining whether or not a student is making Satisfactory Academic Progress to determine ongoing participation in the program. All ten (10) comments were concerned about the impact on the academic and financial future of students who were unable to pay for coursework dropped.
RESPONSE AND EXPLANATION OF CHANGE: The State Board carefully considered these comments and decided to eliminate the proposed language in paragraphs (7)(A)5. and (7)(B)5. requiring students to pay for dropped coursework. The elimination of this language also eliminates the private cost originally included in the proposed amendment.

5 CSR 50.350.040 A+ Schools Program

(7) Missouri public community colleges or career-technical schools shall verify, for each student intending to participate in the A+ Schools Program, student financial incentives at their institution that:

(A) During the first semester of the student's participation:

1. Verification of student eligibility has been received from the high school from which the student graduated;

2. The eligible student is enrolled as a full-time student;

3. A good faith effort has been made to secure federal postsecondary student financial assistance funds; and

4. After federal postsecondary student financial assistance funds are applied, the A+ Schools Program student will receive financial incentive funds. The amount of funds will depend on the remaining costs of tuition, general fees and up to fifty percent (50%) of the book cost subject to legislative appropriation to attend that institution; and

(B) During the second and subsequent semesters of the student's participation:

1. The eligible student continues to be enrolled as a full-time student;

2. Good faith efforts continue to be made to secure federal postsecondary student financial assistance funds;

3. The student has earned and maintains a grade point average of two and five-tenths (2.5) points or higher on a four (4)-point scale; and

4. After federal postsecondary student financial assistance funds are applied, the A+ Schools Program student will receive financial incentive funds. The amount of funds will depend on the remaining costs of tuition, general fees and up to fifty percent (50%) of the book cost subject to legislative appropriation to attend that institution.

REVISED PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 13—Hearings

ORDER OF RULEMAKING

By the authority vested in the Missouri Gaming Commission under sections 313.004, 313.052, 313.560, 313.800 and 313.805, RSMo 2000, the commission withdraws a proposed amendment as follows:

11 CSR 45-13.055 Emergency Order Suspending License Privileges—Expedited Hearing **is withdrawn**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 2, 2007 (32 MoReg 55). This proposed amendment is being withdrawn.

SUMMARY OF COMMENTS: The Missouri Gaming Commission received one (1) comment on the proposed amendment.

COMMENT: There were no comments received at the public hearing held on February 8, 2007. However, one written comment was received from the Missouri Gaming Association dated February 7, 2007 and signed by Mr. Michael J. Winter, Executive Director. It raised several issues relating to the possible suspension of a liquor license without prior notice to the licensee or the opportunity for the licensee to be heard by the executive director prior to the suspension. Further, the association asks that the regulation provide guidelines "on how the Commission will seek to apply the regulation or how the licensee is to distinguish between circumstances that are simply disruptive and those which constitute an immediate threat to the public welfare."

RESPONSE: Based upon conversations with the Missouri Gaming Association regarding the proposed amendment filed with the Joint Committee on Administrative Rules (JCAR) on February 26, 2007, the Missouri Gaming Commission is withdrawing the proposed amendment.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 400—Life, Annuities and Health
Chapter 7—Health Maintenance Organizations

ORDER OF RULEMAKING

By the authority vested in the director of the Missouri Department of Insurance, Financial Institutions and Professional Registration under section 374.045, RSMo 2000, the director amends a rule as follows:

20 CSR 400-7.095 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 16, 2007 (32 MoReg 142–147). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received one (1) comment on the proposed amendment.

COMMENT ONE: The department received a comment from the department's Managed Care Section that the word "a" between the words "offering" and "neonatal" be removed from paragraph (1)(R)2.

RESPONSE: The department agrees with this comment and changes paragraph (1)(R)2. accordingly.

20 CSR 400-7.095 HMO Access Plans

(1) Definitions.

(R) Tertiary services—Hospitals that offer the following types of services are required in every HMO network and will be identified through hospital responses to the most recent available annual Department of Health and Senior Services licensing survey or other available sources of information that are appropriate and verifiable:

1. Level I or Level II trauma hospital—a hospital as designated by the Department of Health and Senior Services. A trauma unit that is designated as pediatric only does not satisfy the requirements of this rule.

2. Neonatal intensive care services—a hospital or children's hospital or secondary hospital offering neonatal intensive care services and at least one (1) functioning operating room.

3. Perinatology services—a secondary hospital with active board certified perinatologists on staff and a level II or III obstetrical unit.

4. Comprehensive cancer services—any hospital with active board certified oncologists on staff and providing all cancer treatment services listed in the annual licensing survey, and at least one (1) functioning operating room.

5. Comprehensive cardiac services—any hospital with active board certified cardiovascular disease physicians on staff, at least one (1) functioning operating room and providing all interventional cardiac services and open heart surgery.

6. Pediatric subspecialty care—a hospital or children's hospital or secondary hospital with active board certified pediatricians and pediatric specialists on staff, at least one (1) functioning operating room and providing intensive care services, neonatal intensive care services or pediatric intensive care services.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2235—State Committee of Psychologists
Chapter 1—General Rules

ORDER OF RULEMAKING

By the authority vested in the State Committee of Psychologists under sections 337.030.3, RSMo Supp. 2006 and 337.050.9, RSMo 2000, the committee amends a rule as follows:

20 CSR 2235-1.015 Definitions **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 16, 2007 (32 MoReg 150–151). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2235—State Committee of Psychologists
Chapter 1—General Rules

ORDER OF RULEMAKING

By the authority vested in the State Committee of Psychologists under sections 337.030, RSMo Supp. 2006 and 337.050, RSMo 2000, the committee amends a rule as follows:

20 CSR 2235-1.050 Renewal of License **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 16, 2007 (32 MoReg 151). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2235—State Committee of Psychologists
Chapter 1—General Rules

ORDER OF RULEMAKING

By the authority vested in the State Committee of Psychologists under section 337.050.9, RSMo 2000, the committee amends a rule as follows:

20 CSR 2235-1.063 Replacement of Annual Registration Certificates and Original Wall-Hanging Licenses **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 16, 2007 (32 MoReg 151–152). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs and other items required to be published in the *Missouri Register* by law.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program

APPLICATION REVIEW SCHEDULE

The Missouri Health Facilities Review Committee has initiated review of the applications listed below. A decision is tentatively scheduled for June 4, 2007. These applications are available for public inspection at the address shown below:

Date Filed

Project Number: Project Name
City (County)
Cost, Description

03/22/07

#4046 RS: Winchester Meadows Assisted Living
Sedalia (Pettis County)
$3,962,517, Establish 50-bed assisted living facility

03/23/07

#4049 HS: St. Louis Children's Hospital
St. Louis (St. Louis City)
$1,359,704, Acquire interventional radiology equipment

#4032 HS: Poplar Bluff Regional Medical Center
Poplar Bluff (Butler County)
$1,880,215, Acquire interventional radiology equipment

#4048 HS: Skaggs Community Health Center
Branson (Taney County)
$1,675,819, Add second cardiac catheterization laboratory

#4027 NS: Lake St. Louis Skilled Nursing Associates
Lake St. Louis (St. Charles County)
$9,535,800, Establish 120-bed skilled nursing facility (SNF)

#4047 NS: Brookview Nursing Home
Maryland Heights (St. Louis County)
$9,003,000, Add 57 SNF beds

#4051 NS: Chateau Girardeau
Cape Girardeau (Cape Girardeau County)
$8,869,627, Add 15 SNF beds/renovate facility

#4050 RS: Chateau Girardeau
Cape Girardeau (Cape Girardeau County)
$2,100,000, Add 18 assisted living facility beds

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by April 25, 2007. All written requests and comments should be sent to:

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
Post Office Box 570
Jefferson City, MO 65102

For additional information contact
Donna Schuessler, (573) 751-6403.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to dissolutions@sos.mo.gov.

NOTICE OF CORPORATION DISSOLUTION

To: All creditors of and claimants against TURNER HEATING AND AIR CONDITIONING, INC.

On **February 16, 2007**, TURNER HEATING AND AIR CONDITIONING, INC., a Missouri corporation, Charter Number 00411560, was dissolved pursuant to the filing of Articles of Dissolution by the Corporation Division, Missouri Secretary of State

All persons or organizations having claims against TURNER HEATING AND AIR CONDITIONING, INC., are required to present them immediately in writing to:

Nancy E. Blackwell, Attorney at Law
CHINNERY EVANS & NAIL, P.C.
200 S.E. Douglas, Suite 200
Lee's Summit, MO 64063

Each claim must contain the following information:

1. Name and current address of the claimant.
2. A clear and concise statement of the facts supporting the claim.
3. The date the claim was incurred.
4. The amount of money or alternate relief demanded.

NOTE: CLAIMS AGAINST TURNER HEATING AND AIR CONDITIONING, INC., WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN TWO YEARS AFTER THE PUBLICATION OF THIS NOTICE.

NOTICE TO THE UNKNOWN CREDITORS OF ADIE ROAD RESIDENCE, LLC

You are hereby notified that on March 21, 2007, Adie Road Residence, LLC, a Missouri limited liability company (the "Company"), the principal office of which is located in St. Louis County, Missouri, filed a Notice of Winding Up with the Secretary of State of Missouri.

In order to file a claim with the Company, you must furnish the amount and the basis for the claim and provide all necessary documentation supporting this claim. All claims must be mailed to:

Stuart Z. Hoffman
9666 Olive Blvd., Suite 625
St. Louis, Missouri 63132

A claim against Adie Road Residence, LLC will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—30 (2005) and 31 (2006). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Schedule				30 MoReg 2435
1 CSR 20-4.010	Personnel Advisory Board and Division of Personnel		31 MoReg 1867	32 MoReg 543	
	DEPARTMENT OF AGRICULTURE				
2 CSR 30-10.010	Animal Health		32 MoReg 578		
2 CSR 70-25.120	Plant Industries				32 MoReg 356
2 CSR 80-2.010	State Milk Board		32 MoReg 526		
2 CSR 80-2.020	State Milk Board		32 MoReg 527		
2 CSR 80-2.030	State Milk Board		32 MoReg 528		
2 CSR 80-2.040	State Milk Board		32 MoReg 528		
2 CSR 80-2.050	State Milk Board		32 MoReg 529		
2 CSR 80-2.060	State Milk Board		32 MoReg 529		
2 CSR 80-2.070	State Milk Board		32 MoReg 530		
2 CSR 80-2.080	State Milk Board		32 MoReg 532		
2 CSR 80-2.091	State Milk Board		32 MoReg 532		
2 CSR 80-2.101	State Milk Board		32 MoReg 533		
2 CSR 80-2.110	State Milk Board		32 MoReg 533		
2 CSR 80-2.121	State Milk Board		32 MoReg 534		
2 CSR 80-2.130	State Milk Board		32 MoReg 534		
2 CSR 80-2.141	State Milk Board		32 MoReg 535		
2 CSR 80-2.151	State Milk Board		32 MoReg 535		
2 CSR 80-2.161	State Milk Board		32 MoReg 535		
2 CSR 80-2.170	State Milk Board		32 MoReg 536		
	DEPARTMENT OF CONSERVATION				
3 CSR 10-4.130	Conservation Commission		This Issue		
3 CSR 10-5.460	Conservation Commission		N.A.	This Issue	
3 CSR 10-5.465	Conservation Commission		N.A.	This Issue	
3 CSR 10-6.535	Conservation Commission		32 MoReg 215	32 MoReg 644	
3 CSR 10-7.455	Conservation Commission				32 MoReg 261
3 CSR 10-9.105	Conservation Commission		N.A.	This Issue	
3 CSR 10-9.220	Conservation Commission		N.A.	This Issue	
3 CSR 10-9.353	Conservation Commission		N.A.	This Issue	
3 CSR 10-9.560	Conservation Commission		N.A.	This Issue	
3 CSR 10-9.565	Conservation Commission		N.A.	This Issue	
3 CSR 10-9.625	Conservation Commission		N.A.	This Issue	
3 CSR 10-9.627	Conservation Commission		N.A.	This Issue	
3 CSR 10-9.628	Conservation Commission		N.A.	This Issue	
3 CSR 10-11.125	Conservation Commission		N.A.	This Issue	
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
4 CSR 30-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects *(Changed to 20 CSR 2030-6.015)*		31 MoReg 1392	31 MoReg 2056	
4 CSR 220-2.010	State Board of Pharmacy *(Changed to 20 CSR 2220-2.010)*		31 MoReg 1468	32 MoReg 489	
4 CSR 220-2.020	State Board of Pharmacy *(Changed to 20 CSR 2220-2.020)*		31 MoReg 1474	32 MoReg 490	
4 CSR 220-2.025	State Board of Pharmacy *(Changed to 20 CSR 2220-2.025)*		31 MoReg 1474	32 MoReg 491W	
4 CSR 220-2.190	State Board of Pharmacy *(Changed to 20 CSR 2220-2.190)*		31 MoReg 1479	32 MoReg 491	
4 CSR 220-2.450	State Board of Pharmacy *(Changed to 20 CSR 2220-2.450)*		31 MoReg 1479	32 MoReg 491	
4 CSR 220-2.900	State Board of Pharmacy *(Changed to 20 CSR 2220-2.900)*		31 MoReg 1482	32 MoReg 492	
4 CSR 220-5.020	State Board of Pharmacy *(Changed to 20 CSR 2220-5.020)*		31 MoReg 1485	32 MoReg 492	
4 CSR 220-5.030	State Board of Pharmacy *(Changed to 20 CSR 2220-5.030)*		31 MoReg 1485	32 MoReg 492	
4 CSR 262-1.010	Small Business Regulatory Fairness Board		32 MoReg 9		
4 CSR 262-1.020	Small Business Regulatory Fairness Board		32 MoReg 13		
4 CSR 265-9.010	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.010)*		32 MoReg 15		
4 CSR 265-9.020	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.020)*		32 MoReg 16		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
4 CSR 265-9.040	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.040)*		32 MoReg 17		
4 CSR 265-9.050	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.050)*		32 MoReg 19		
4 CSR 265-9.060	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.060)*		32 MoReg 19		
4 CSR 265-9.070	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.070*		32 MoReg 19		
4 CSR 265-9.090	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.090)*		32 MoReg 20		
4 CSR 265-9.100	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.100)*		32 MoReg 20		
4 CSR 265-9.110	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.110)*		32 MoReg 21		
4 CSR 265-9.130	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.130)*		32 MoReg 24		
4 CSR 265-9.140	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.140)*		32 MoReg 24		
4 CSR 265-9.150	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-9.150)*		32 MoReg 25		
	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION				
5 CSR 30-261.040	Division of Administrative and Financial Services		32 MoReg 26	This Issue	
5 CSR 30-640.010	Division of Administrative and Financial Services		31 MoReg 1869R	32 MoReg 595R	
5 CSR 30-660.065	Division of Administrative and Financial Services		31 MoReg 1869R	32 MoReg 595R	
5 CSR 50-200.010	Division of School Improvement		31 MoReg 1764	32 MoReg 595	
5 CSR 50-200.050	Division of School Improvement		31 MoReg 1641		
5 CSR 50-350.040	Division of School Improvement		32 MoReg 33	This Issue	
5 CSR 50-500.010	Division of School Improvement		32 MoReg 412		
5 CSR 60-100.050	Division of Career Education		31 MoReg 1644R 32 MoReg 629R		
	DEPARTMENT OF HIGHER EDUCATION				
6 CSR 10-2.020	Commissioner of Higher Education		32 MoReg 303		
6 CSR 10-2.080	Commissioner of Higher Education		32 MoReg 303		
6 CSR 10-2.120	Commissioner of Higher Education		32 MoReg 304		
	DEPARTMENT OF TRANSPORTATION				
7 CSR 10-4.020	Missouri Highways and Transportation Commission		32 MoReg 629		
7 CSR 10-6.070	Missouri Highways and Transportation Commission		32 MoReg 536		
7 CSR 10-10.010	Missouri Highways and Transportation Commission		32 MoReg 133		
7 CSR 10-10.030	Missouri Highways and Transportation Commission		32 MoReg 134		
7 CSR 10-10.040	Missouri Highways and Transportation Commission		32 MoReg 135		
7 CSR 10-10.050	Missouri Highways and Transportation Commission		32 MoReg 135		
7 CSR 10-10.060	Missouri Highways and Transportation Commission		32 MoReg 136		
7 CSR 10-10.070	Missouri Highways and Transportation Commission		32 MoReg 136		
7 CSR 10-10.080	Missouri Highways and Transportation Commission		32 MoReg 138		
7 CSR 10-10.090	Missouri Highways and Transportation Commission		32 MoReg 138		
7 CSR 10-25.010	Missouri Highways and Transportation Commission				32 MoReg 598 32 MoReg 666
7 CSR 10-25.030	Missouri Highways and Transportation Commission *(Changed from 12 CSR 20-3.010)*	32 MoReg 521	32 MoReg 541		
7 CSR 265-9.010	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.010)*		32 MoReg 15		
7 CSR 265-9.020	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.020)*		32 MoReg 16		
7 CSR 265-9.040	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.040)*		32 MoReg 17		
7 CSR 265-9.050	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.050)*		32 MoReg 19		
7 CSR 265-9.060	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.060)*		32 MoReg 19		
7 CSR 265-9.070	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.070)*		32 MoReg 19		
7 CSR 265-9.090	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.090)*		32 MoReg 20		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
7 CSR 265-9.100	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.100)*		32 MoReg 20		
7 CSR 265-9.110	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.110)*		32 MoReg 21		
7 CSR 265-9.130	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.130)*		32 MoReg 24		
7 CSR 265-9.140	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.140)*		32 MoReg 24		
7 CSR 265-9.150	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-9.150)*		32 MoReg 25		
	DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS				
8 CSR 10-3.130	Division of Employment Security		32 MoReg 537		
	DEPARTMENT OF MENTAL HEALTH				
9 CSR 10-7.140	Director, Department of Mental Health		31 MoReg 1486	32 MoReg 438	
	DEPARTMENT OF NATURAL RESOURCES				
10 CSR 10-2.070	Air Conservation Commission		32 MoReg 39		
10 CSR 10-2.390	Air Conservation Commission		31 MoReg 1941		
10 CSR 10-3.090	Air Conservation Commission		32 MoReg 39		
10 CSR 10-4.070	Air Conservation Commission		32 MoReg 40		
10 CSR 10-5.160	Air Conservation Commission		32 MoReg 41		
10 CSR 10-5.220	Air Conservation Commission		32 MoReg 215		
10 CSR 10-5.375	Air Conservation Commission		32 MoReg 305R		
10 CSR 10-5.380	Air Conservation Commission		32 MoReg 305R		
10 CSR 10-5.381	Air Conservation Commission		32 MoReg 306		
10 CSR 10-5.480	Air Conservation Commission		31 MoReg 1965		
10 CSR 10-6.062	Air Conservation Commission		31 MoReg 1766	32 MoReg 644	
10 CSR 10-6.070	Air Conservation Commission		32 MoReg 139		
10 CSR 10-6.075	Air Conservation Commission		32 MoReg 139		
10 CSR 10-6.080	Air Conservation Commission		32 MoReg 141		
10 CSR 10-6.300	Air Conservation Commission		32 MoReg 538		
10 CSR 10-6.350	Air Conservation Commission		31 MoReg 1766	32 MoReg 645	
10 CSR 10-6.360	Air Conservation Commission		31 MoReg 1767	32 MoReg 646	
10 CSR 10-6.362	Air Conservation Commission		31 MoReg 1769	32 MoReg 646	
10 CSR 10-6.364	Air Conservation Commission		31 MoReg 1781	32 MoReg 654	
10 CSR 10-6.366	Air Conservation Commission		31 MoReg 1791	32 MoReg 660	
10 CSR 10-6.368	Air Conservation Commission		31 MoReg 1797	32 MoReg 661	
10 CSR 20-4.023	Clean Water Commission	32 MoReg 395	32 MoReg 633		
10 CSR 20-4.030	Clean Water Commission	32 MoReg 396	32 MoReg 636		
10 CSR 20-4.061	Clean Water Commission	32 MoReg 396	32 MoReg 638		
10 CSR 20-7.050	Clean Water Commission	31 MoReg 1845	31 MoReg 2049		
10 CSR 23-3.100	Division of Geology and Land Survey		32 MoReg 320		
10 CSR 23-5.050	Division of Geology and Land Survey		32 MoReg 322		
10 CSR 25-2.020	Hazardous Waste Management Commission		32 MoReg 640		
10 CSR 50-2.030	Oil and Gas Council		31 MoReg 1645	32 MoReg 543	
10 CSR 60-13.010	Public Drinking Water Program	32 MoReg 398	32 MoReg 641		
10 CSR 80-8.020	Solid Waste Management		32 MoReg 224		
10 CSR 80-8.030	Solid Waste Management		32 MoReg 226		
10 CSR 80-8.040	Solid Waste Management		32 MoReg 227R		
10 CSR 80-8.050	Solid Waste Management		32 MoReg 228		
10 CSR 80-8.060	Solid Waste Management		32 MoReg 238		
10 CSR 80-9.010	Solid Waste Management		32 MoReg 323R		
10 CSR 80-9.030	Solid Waste Management		32 MoReg 241		
10 CSR 80-9.035	Solid Waste Management		32 MoReg 242		
10 CSR 80-9.050	Solid Waste Management		32 MoReg 323		
10 CSR 100-2.010	Petroleum Storage Tank Insurance Fund Board of Trustees		32 MoReg 42		
10 CSR 100-4.010	Petroleum Storage Tank Insurance Fund Board of Trustees		32 MoReg 43		
10 CSR 100-4.020	Petroleum Storage Tank Insurance Fund Board of Trustees		32 MoReg 43		
10 CSR 100-5.010	Petroleum Storage Tank Insurance Fund Board of Trustees		32 MoReg 44		
10 CSR 140-2	Division of Energy				32 MoReg 599
10 CSR 140-6.010	Division of Energy		This Issue		
	DEPARTMENT OF PUBLIC SAFETY				
11 CSR 30-11.010	Office of the Director		32 MoReg 142		
11 CSR 40-5.050	Division of Fire Safety		32 MoReg 45	32 MoReg 663	
11 CSR 40-5.065	Division of Fire Safety		32 MoReg 45	32 MoReg 663	
11 CSR 40-5.070	Division of Fire Safety		32 MoReg 50	32 MoReg 664	
11 CSR 40-5.080	Division of Fire Safety		32 MoReg 50	32 MoReg 664	
11 CSR 40-5.090	Division of Fire Safety		32 MoReg 52	32 MoReg 664	
11 CSR 40-5.110	Division of Fire Safety		32 MoReg 52	32 MoReg 664	
11 CSR 45-1.090	Missouri Gaming Commission		32 MoReg 579		
11 CSR 45-5.051	Missouri Gaming Commission		32 MoReg 581		
11 CSR 45-5.183	Missouri Gaming Commission		32 MoReg 581		
11 CSR 45-5.184	Missouri Gaming Commission		32 MoReg 582		
11 CSR 45-5.185	Missouri Gaming Commission		32 MoReg 585		
11 CSR 45-5.265	Missouri Gaming Commission		32 MoReg 587		
11 CSR 45-8.130	Missouri Gaming Commission		32 MoReg 590		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
11 CSR 45-9.030	Missouri Gaming Commission		32 MoReg 591		
11 CSR 45-12.080	Missouri Gaming Commission		31 MoReg 1990	32 MoReg 595	
11 CSR 45-13.055	Missouri Gaming Commission	32 MoReg 5	32 MoReg 55	This IssueW	
11 CSR 45-30.280	Missouri Gaming Commission		31 MoReg 1990	32 MoReg 596	
	DEPARTMENT OF REVENUE				
12 CSR 10-23.255	Director of Revenue		31 MoReg 1870	32 MoReg 438	
12 CSR 10-23.270	Director of Revenue		31 MoReg 1873	32 MoReg 439	
12 CSR 10-23.446	Director of Revenue		31 MoReg 1873	32 MoReg 439	
12 CSR 10-41.010	Director of Revenue	31 MoReg 1935	31 MoReg 1991	32 MoReg 596	
12 CSR 10-42.110	Director of Revenue		31 MoReg 1994R	32 MoReg 596R	
12 CSR 10-43.010	Director of Revenue		31 MoReg 1646	32 MoReg 439	
12 CSR 10-43.020	Director of Revenue		31 MoReg 1646	32 MoReg 439	
12 CSR 10-43.030	Director of Revenue		31 MoReg 1647	32 MoReg 439	
12 CSR 10-400.200	Director of Revenue		31 MoReg 1994	32 MoReg 596	
12 CSR 10-400.210	Director of Revenue		31 MoReg 1998	32 MoReg 597	
12 CSR 10-405.105	Director of Revenue		31 MoReg 2001	32 MoReg 597	
12 CSR 10-405.205	Director of Revenue		31 MoReg 2001	32 MoReg 597	
12 CSR 20-3.010	Highway Reciprocity Commission *(Changed to 7 CSR 10-25.030)*	32 MoReg 521	32 MoReg 541		
12 CSR 40-50.050	State Lottery		31 MoReg 1874	32 MoReg 543	
12 CSR 40-80.080	State Lottery		31 MoReg 1875R	32 MoReg 543R	
	DEPARTMENT OF SOCIAL SERVICES				
13 CSR 40-32.010	Family Support Division	This Issue			
13 CSR 70-2.100	Division of Medical Services		31 MoReg 1804	32 MoReg 439	
13 CSR 70-3.020	Division of Medical Services		This Issue		
13 CSR 70-3.030	Division of Medical Services		31 MoReg 2050 This Issue	32 MoReg 597	
13 CSR 70-10.015	Division of Medical Services		This Issue		
13 CSR 70-10.030	Division of Medical Services	32 MoReg 293	32 MoReg 332		
13 CSR 70-10.080	Division of Medical Services		This Issue		
13 CSR 70-15.010	Division of Medical Services		32 MoReg 593		
13 CSR 70-20.031	Division of Medical Services		32 MoReg 335		
13 CSR 70-20.032	Division of Medical Services		32 MoReg 335		
13 CSR 70-20.034	Division of Medical Services		32 MoReg 335		
	ELECTED OFFICIALS				
15 CSR 30-51.180	Secretary of State	32 MoReg 399 32 MoReg 400T 32 MoReg 400	32 MoReg 415		
	RETIREMENT SYSTEMS				
16 CSR 10-5.010	Retirement Systems		31 MoReg 2001	32 MoReg 544	
16 CSR 10-6.060	Retirement Systems		31 MoReg 2002	32 MoReg 544	
	DEPARTMENT OF HEALTH AND SENIOR SERVICES				
19 CSR 30-20.001	Division of Regulation and Licensure		32 MoReg 336		
19 CSR 30-30.010	Division of Regulation and Licensure		32 MoReg 336		
19 CSR 30-30.020	Division of Regulation and Licensure		32 MoReg 337		
19 CSR 30-40.410	Division of Regulation and Licensure		32 MoReg 338		
19 CSR 30-40.430	Division of Regulation and Licensure		32 MoReg 339		
19 CSR 30-40.450	Division of Regulation and Licensure		31 MoReg 995	31 MoReg 2017W	
19 CSR 30-80.030	Division of Regulation and Licensure		32 MoReg 415		
19 CSR 30-82.010	Division of Regulation and Licensure		31 MoReg 1495	32 MoReg 440	
19 CSR 30-83.010	Division of Regulation and Licensure		31 MoReg 1499	32 MoReg 443	
19 CSR 30-84.030	Division of Regulation and Licensure		31 MoReg 1502	32 MoReg 445	
19 CSR 30-84.040	Division of Regulation and Licensure		31 MoReg 1504	32 MoReg 446	
19 CSR 30-86.012	Division of Regulation and Licensure		31 MoReg 1504	32 MoReg 446	
19 CSR 30-86.022	Division of Regulation and Licensure		31 MoReg 1506	32 MoReg 448	
19 CSR 30-86.032	Division of Regulation and Licensure		31 MoReg 1509	32 MoReg 450	
19 CSR 30-86.042	Division of Regulation and Licensure		31 MoReg 1514	32 MoReg 452	
19 CSR 30-86.043	Division of Regulation and Licensure		31 MoReg 1526	32 MoReg 461	
19 CSR 30-86.045	Division of Regulation and Licensure		31 MoReg 1536	32 MoReg 462	
19 CSR 30-86.047	Division of Regulation and Licensure		31 MoReg 1540	32 MoReg 465	
19 CSR 30-86.052	Division of Regulation and Licensure		31 MoReg 1559	32 MoReg 487	
19 CSR 30-87.020	Division of Regulation and Licensure		31 MoReg 1559	32 MoReg 488	
19 CSR 30-87.030	Division of Regulation and Licensure		31 MoReg 1560	32 MoReg 488	
19 CSR 30-88.010	Division of Regulation and Licensure		31 MoReg 1565	32 MoReg 488	
19 CSR 60-50	Missouri Health Facilities Review Committee				32 MoReg 545 32 MoReg 667 This Issue
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20 CSR	Medical Malpractice				30 MoReg 481 31 MoReg 616 32 MoReg 545

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20 CSR	State Legal Expense Fund Cap				32 MoReg 668
20 CSR 400-7.095	Life, Annuities and Health		32 MoReg 142	This Issue	
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20 CSR 500-5.025	Property and Casualty	32 MoReg 403	32 MoReg 423		
20 CSR 500-5.026	Property and Casualty	32 MoReg 404	32 MoReg 423		
20 CSR 500-5.027	Property and Casualty	32 MoReg 404	32 MoReg 424		
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20 CSR 700-6.350	Licensing		31 MoReg 931		
20 CSR 2030-3.060	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 1875	32 MoReg 488	
20 CSR 2030-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 55		
20 CSR 2030-11.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 1875	32 MoReg 489	
20 CSR 2030-11.025	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 1876	32 MoReg 489	
20 CSR 2040-3.030	Office of Athletics		This Issue		
20 CSR 2040-4.090	Office of Athletics		This Issue		
20 CSR 2115-2.010	State Committee of Dietitians		32 MoReg 58	32 MoReg 664	
20 CSR 2115-2.050	State Committee of Dietitians		32 MoReg 58	32 MoReg 664	
20 CSR 2120-1.010	State Board of Embalmers and Funeral Directors		32 MoReg 424		
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20 CSR 2150-6.020	State Board of Registration for the Healing Arts		31 MoReg 1877	32 MoReg 665	
20 CSR 2165-1.020	Board of Examiners for Hearing Instrument Specialists		31 MoReg 1877	32 MoReg 489	
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20 CSR 2193-2.010	Interior Design Council		32 MoReg 148		
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20 CSR 2210-2.011	State Board of Optometry		32 MoReg 59	32 MoReg 665	
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20 CSR 2220-2.010	State Board of Pharmacy *(Changed from 4 CSR 220-2.010)*		31 MoReg 1468	32 MoReg 489	
20 CSR 2220-2.020	State Board of Pharmacy *(Changed from 4 CSR 220-2.020)*		31 MoReg 1474	32 MoReg 490	
20 CSR 2220-2.025	State Board of Pharmacy *(Changed from 4 CSR 220-2.025)*		31 MoReg 1474	32 MoReg 491W	
20 CSR 2220-2.190	State Board of Pharmacy *(Changed from 4 CSR 220-2.190)*		31 MoReg 1479	32 MoReg 491	
20 CSR 2220-2.450	State Board of Pharmacy *(Changed from 4 CSR 220-2.450)*		31 MoReg 1479	32 MoReg 491	
20 CSR 2220-2.900	State Board of Pharmacy *(Changed from 4 CSR 220-2.900)*		31 MoReg 1482	32 MoReg 492	
20 CSR 2220-5.020	State Board of Pharmacy *(Changed from 4 CSR 220-5.020)*		31 MoReg 1485	32 MoReg 492	
20 CSR 2220-5.030	State Board of Pharmacy *(Changed from 4 CSR 220-5.030)*		31 MoReg 1485	32 MoReg 492	
20 CSR 2235-1.015	State Committee of Psychologists		32 MoReg 150	This Issue	
20 CSR 2235-1.050	State Committee of Psychologists		32 MoReg 151	This Issue	
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20 CSR 2245-1.010	Real Estate Appraisers		32 MoReg 63		
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20 CSR 2245-2.050	Real Estate Appraisers		32 MoReg 64		

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20 CSR 2263-2.032	State Committee for Social Workers		32 MoReg 152		
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20 CSR 2263-2.052	State Committee for Social Workers		32 MoReg 156		
20 CSR 2263-2.060	State Committee for Social Workers		32 MoReg 158		
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20 CSR 2270-1.021	Missouri Veterinary Medical Board		31 MoReg 1877	32 MoReg 493	
20 CSR 2270-4.042	Missouri Veterinary Medical Board		31 MoReg 1881	32 MoReg 493	
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22 CSR 10-2.010	Health Care Plan	32 MoReg 209	32 MoReg 245		
22 CSR 10-2.060	Health Care Plan	32 MoReg 210	32 MoReg 246		
22 CSR 10-2.067	Health Care Plan	32 MoReg 210	32 MoReg 249		
22 CSR 10-2.090	Health Care Plan	32 MoReg 211R	32 MoReg 252R		

Agency		Publication	Expiration
Department of Transportation			
Missouri Highways and Transportation Commission			
7 CSR 10-25.030	Apportion Registration	32 MoReg 521	August 29, 2007
Department of Natural Resources			
Clean Water Commission			
10 CSR 20-4.023	State Forty Percent Construction Grant Program	32 MoReg 395	August 30, 2007
10 CSR 20-4.030	Grants for Sewer Districts and Certain Small Municipal Sewer Systems	32 MoReg 396	August 30, 2007
10 CSR 20-4.061	Storm Water Grant and Loan Program	32 MoReg 396	August 30, 2007
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10 CSR 60-13.010	Grants for Public Water Supply Districts and Small Municipal Water Supply Systems	32 MoReg 398	August 30, 2007
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11 CSR 45-13.055	Emergency Order Suspending License Privileges—Expedited Hearing	32 MoReg 5	June 7, 2007
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Director of Revenue			
12 CSR 10-41.010	Annual Adjusted Rate of Interest	31 MoReg 1935	June 29, 2007
Highway Reciprocity			
12 CSR 20-3.010	Apportion Registration	32 MoReg 521	August 29, 2007
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13 CSR 40-32.010	Basis of Payment	This Issue	September 27, 2007
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13 CSR 70-10.030	Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services	32 MoReg 293	August 1, 2007
Elected Officials			
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15 CSR 30-51.180	Exemptions from Registration for Broker-Dealers, Agents, Investment Advisors, and Investment Advisors Representatives	32 MoReg 400	August 10, 2007
Department of Insurance, Financial Institutions and Professional Registration			
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20 CSR 500-5.020	Medical Malpractice Insurance Rate Filings	32 MoReg 401	August 10, 2007
20 CSR 500-5.025	Determination of Inadequate Rates	32 MoReg 403	August 10, 2007
20 CSR 500-5.026	Determination of Excessive Rates	32 MoReg 404	August 10, 2007
20 CSR 500-5.027	Determination of Unfairly Discriminatory Rates	32 MoReg 404	August 10, 2007
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22 CSR 10-2.010	Definitions	32 MoReg 209	June 29, 2007
22 CSR 10-2.060	PPO and Co-Pay Plan Limitations	32 MoReg 210	June 29, 2007
22 CSR 10-2.067	HMO and POS Limitations	32 MoReg 210	June 29, 2007
22 CSR 10-2.090	Pharmacy Benefit Summary	32 MoReg 211	June 29, 2007

Executive Orders	Subject Matter	Filed Date	Publication
	2007		
07-01	Authorizes Transportation Director to temporarily suspend certain commercial motor vehicle regulations in response to emergencies	January 2, 2007	32 MoReg 295
07-02	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	January 13, 2007	32 MoReg 298
07-03	Directs the Adjutant General call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	January 13, 2007	32 MoReg 299
07-04	Vests the Director of the Missouri Department of Natural Resources with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to better serve the interest of public health and safety during the period of the emergency and subsequent recovery period	January 13, 2007	32 MoReg 301
07-05	Transfers the Breath Alcohol Program from the Missouri Department of Health and Senior Services to the Missouri Department of Transportation	January 30, 2007	32 MoReg 406
07-06	Transfers the function of collecting surplus lines taxes from the Missouri Department of Insurance, Financial Institutions and Professional Registration to the Department of Revenue	January 30, 2007	32 MoReg 408
07-07	Transfers the Crime Victims' Compensation Fund from the Missouri Department of Labor and Industrial Relations to the Missouri Department of Public Safety	January 30, 2007	32 MoReg 410
07-08	Extends the declaration of emergency contained in Executive Order 07-02 and the terms of Executive Order 07-04 through May 15, 2007, for continuing cleanup efforts from a severe storm that began on January 12	February 6, 2007	32 MoReg 524
07-09	Orders the Commissioner of Administration to take certain specific cost saving actions with the OA Vehicle Fleet	February 23, 2007	32 MoReg 571
07-10	Reorganizes the Governor's Advisory Council on Physical Fitness and Health and relocates it to the Department of Health and Senior Services	February 23, 2007	32 MoReg 573
07-11	Designates members of staff with supervisory authority over selected state agencies	February 23, 2007	32 MoReg 576
07-12	Orders agencies to support measures that promote transparency in health care	March 2, 2007	32 MoReg 625
07-13	Orders agencies to audit contractors to ensure that they employ people who are eligible to work in the United States, and requires future contracts to contain language allowing the state to cancel the contract if the contractor has knowingly employed individuals who are not eligible to work in the United States	March 6, 2007	32 MoReg 627
07-14	Creates and establishes the Missouri Mentor Initiative, under which up to 200 full-time employees of the state of Missouri are eligible for one hour per week of paid approved work to mentor in Missouri public primary and secondary schools up to 40 hours annually	April 11, 2007	Next Issue
	2006		
06-01	Designates members of staff with supervisory authority over selected state agencies	January 10, 2006	31 MoReg 281
06-02	Extends the deadline for the State Retirement Consolidation Commission to issue its final report and terminate operations to March 1, 2006	January 11, 2006	31 MoReg 283
06-03	Creates and establishes the Missouri Healthcare Information Technology Task Force	January 17, 2006	31 MoReg 371
06-04	Governor Matt Blunt transfers functions, personnel, property, etc. of the Division of Finance, the State Banking Board, the Division of Credit Unions, and the Division of Professional Registration to the Department of Insurance. Renames the Department of Insurance as the Missouri Department of Insurance, Financial Institutions and Professional Registration. Effective August 28, 2006	February 1, 2006	31 MoReg 448
06-05	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Rx Plan Advisory Commission to the Missouri Department of Health and Senior Services. Effective August 28, 2006	February 1, 2006	31 MoReg 451
06-06	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Assistive Technology Advisory Council to the Missouri Department of Elementary and Secondary Education. Rescinds certain provisions of Executive Order 04-08. Effective August 28, 2006	February 1, 2006	31 MoReg 453

Executive Orders	Subject Matter	Filed Date	Publication
06-07	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Life Sciences Research Board to the Missouri Department of Economic Development	February 1, 2006	31 MoReg 455
06-08	Names the state office building, located at 1616 Missouri Boulevard, Jefferson City, Missouri, in honor of George Washington Carver	February 7, 2006	31 MoReg 457
06-09	Directs and orders that the Director of the Department of Public Safety is the Homeland Security Advisor to the Governor, reauthorizes the Homeland Security Advisory Council and assigns them additional duties	February 10, 2006	31 MoReg 460
06-10	Establishes the Government, Faith-based and Community Partnership	March 7, 2006	31 MoReg 577
06-11	Orders and directs the Adjutant General to call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property and to employ such equipment as may be necessary in support of civilian authorities	March 13, 2006	31 MoReg 580
06-12	Declares that a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operation Plan be activated	March 13, 2006	31 MoReg 582
06-13	The Director of the Missouri Department of Natural Resources is vested with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to best serve the public health and safety during the period of the emergency and the subsequent recovery period	March 13, 2006	31 MoReg 584
06-14	Declares a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operation Plan be activated	April 3, 2006	31 MoReg 643
06-15	Orders and directs the Adjutant General, or his designee, to call and order into active service portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and take such action and employ such equipment as may be necessary in support of civilian authorities, and provide assistance as authorized and directed by the Governor	April 3, 2006	31 MoReg 645
06-16	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	April 3, 2006	31 MoReg 647
06-17	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	April 3, 2006	31 MoReg 649
06-18	Authorizes the investigators from the Division of Fire Safety, the Park Rangers from the Department of Natural Resources, the Conservation Agents from the Department of Conservation, and other POST certified state agency investigators to exercise full state wide police authority as vested in Missouri peace officers pursuant to Chapter 590, RSMo during the period of this state declaration of emergency	April 3, 2006	31 MoReg 651
06-19	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	April 3, 2006	31 MoReg 652
06-20	Creates interim requirements for overdimension and overweight permits for commercial motor carriers engaged in storm recovery efforts	April 5, 2006	31 MoReg 765
06-21	Designates members of staff with supervisory authority over selected state agencies	June 2, 2006	31 MoReg 1055
06-22	Healthy Families Trust Fund	June 22, 2006	31 MoReg 1137
06-23	Establishes Interoperable Communication Committee	June 27, 2006	31 MoReg 1139
06-24	Establishes Missouri Abraham Lincoln Bicentennial Commission	July 3, 2006	31 MoReg 1209
06-25	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	July 20, 2006	31 MoReg 1298
06-26	Directs the Adjutant General to call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	July 20, 2006	31 MoReg 1300
06-27	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	July 21, 2006	31 MoReg 1302
06-28	Authorizes Transportation Director to issue declaration of regional or local emergency with reference to motor carriers	July 22, 2006	31 MoReg 1304
06-29	Authorizes Transportation Director to temporarily suspend certain commercial motor vehicle regulations in response to emergencies	August 11, 2006	31 MoReg 1389
06-30	Extends the declaration of emergency contained in Executive Order 06-25 and the terms of Executive Order 06-27 through September 22, 2006, for the purpose of continuing the cleanup efforts in the east central part of the State of Missouri	August 18, 2006	31 MoReg 1466
06-31	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	September 23, 2006	31 MoReg 1699
06-32	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	September 26, 2006	31 MoReg 1701

Executive Orders	Subject Matter	Filed Date	Publication
06-33	Governor Matt Blunt orders all state employees to enable any state owned wireless telecommunications device capable of receiving text messages or emails to receive wireless AMBER alerts	October 4, 2006	31 MoReg 1847
06-34	Governor Matt Blunt amends Executive Order 03-26 relating to the duties of the Information Technology Services Division and the Information Technology Advisory Board	October 11, 2006	31 MoReg 1849
06-35	Governor Matt Blunt creates the Interdepartmental Coordination Council for Job Creation and Economic Growth	October 11, 2006	31 MoReg 1852
06-36	Governor Matt Blunt creates the Interdepartmental Coordination Council for Laboratory Services and Utilization	October 11, 2006	31 MoReg 1854
06-37	Governor Matt Blunt creates the Interdepartmental Coordination Council for Rural Affairs	October 11, 2006	31 MoReg 1856
06-38	Governor Matt Blunt creates the Interdepartmental Coordination Council for State Employee Career Opportunity	October 11, 2006	31 MoReg 1858
06-39	Governor Matt Blunt creates the Mental Health Transformation Working Group	October 11, 2006	31 MoReg 1860
06-40	Governor Matt Blunt creates the Interdepartmental Coordination Council for State Service Delivery Efficiency	October 11, 2006	31 MoReg 1863
06-41	Governor Matt Blunt creates the Interdepartmental Coordination Council for Water Quality	October 11, 2006	31 MoReg 1865
06-42	Designates members of staff with supervisory authority over selected state departments, divisions, and agencies	October 20, 2006	31 MoReg 1936
06-43	Closes state offices on Friday, November 24, 2006	October 24, 2006	31 MoReg 1938
06-44	Adds elementary and secondary education as another category with full membership representation on the Regional Homeland Security Oversight Committees in order to make certain that schools are included and actively engaged in homeland security planning at the state and local level	October 26, 2006	31 MoReg 1939
06-45	Directs the Department of Social Services to prepare a Medicaid beneficiary employer report to be submitted to the governor on a quarterly basis. Such report shall be known as the Missouri Health Care Responsibility Report	November 27, 2006	32 MoReg 6
06-46	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	December 1, 2006	32 MoReg 127
06-47	Directs the Adjutant General call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	December 1, 2006	32 MoReg 129
06-48	Vests the Director of the Missouri Department of Natural Resources with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to better serve the interest of public health and safety during the period of the emergency and subsequent recovery period	December 1, 2006	32 MoReg 131
06-49	Directs the Department of Mental Health to implement recommendations from the Mental Health Task Force to protect client safety and improve the delivery of mental health services	December 19, 2006	32 MoReg 212
06-50	Extends the declaration of emergency contained in Executive Order 06-46 and the terms of Executive Order 06-48 through March 1, 2007, for the purpose of continuing the cleanup efforts in the affected Missouri communities	December 28, 2006	32 MoReg 214

The rule number and the MoReg publication date follow each entry to this index.

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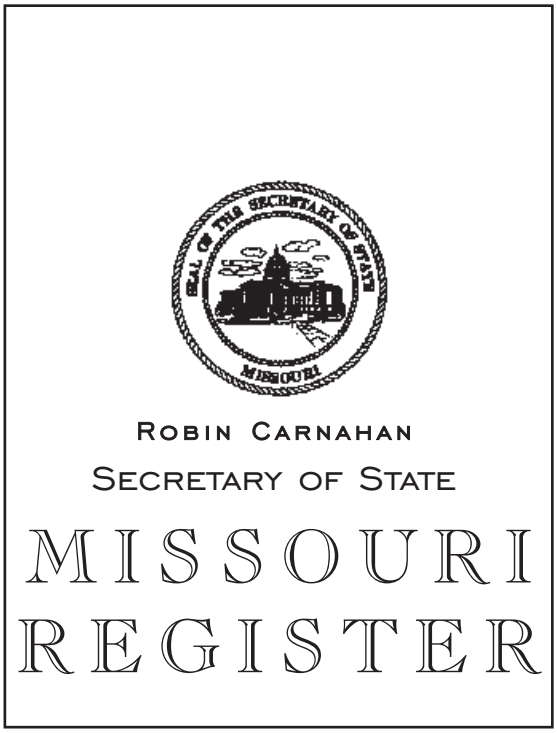

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